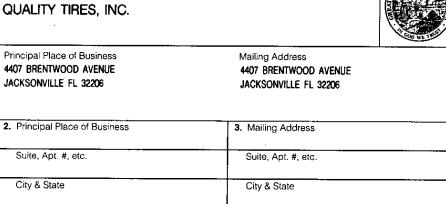
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## F01526 **DOCUMENT #**

1. Entity Name



## **FILED** Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90082 010 \*\*\*150.00

					ddress NTWOOD AVENUE IVILLE FL 32206						11811 <b>818</b> 11 1881	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 59-2026600			pplied For ot Applicable	
Zip Country			Zip		Count	ry 5. Certificate		Certificate of Status Desired		\$9.75 Additional		
	6. Name	and Address of	ed Agent			7. I	Name and Address of New Ro			:		
HORTON, JIMMIE O. 12547 WILLARD LANE JACKSONVILLE FL 32218						Name Street Address (P.O. Box Number is Not Acceptable)						
٠.					-	City			FL	Zip Coo	le .	
SIGNATURE.	ILE NOW!!! r May 1, 200	FEE IS \$150		olicable. (NOTI	E: Registered	Agent signature req	uired when re	einstating)  9. Election Campaign Fine Trust Fund Contribution			00 May Be	
10.	t r ayable to		RS AND DIRECTO	De	11.		40	NOTIONA (OF UNION ASSOCIATION		0.000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HORTON, 12547 WILI JACKSONV	IIMMIE O. .ard ln	ING AND DIRECTO	Delete 111 NA		T ADDRESS ST-ZIP	AU	DITIONS/CHANGES TO OFF		☐ Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HORTON, I 12547 WILI JACKSONV	ard LN				T ADDRESS . ST-ZIP			,	Change	☐ Addition	
	VP ALLEN, RIC 668 WOOD JACKSONV	BINE ST.		Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	7- F			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET AODRESS DITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				☐ Change	Addition	
ITLE IAME TREET ADDRESS CITY-ST-ZIP	ortific that the	information	blod with the Co.	☐ Delete	CITY-S					Change	☐ Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: