Apr 27, 2001 08:00 AM Secretary of State Apr 27, 2001 08:00 AM Secretar	2001 UNIFORM BUSINESS REPORT (UBR)							FIL	ED			
DO NOT WRITE IN THIS SPACE 2. Firing per Proce of Business Suite, Apr. 4, etc. Suite, Apr.	1. Entity Nam	ie			_		_	_			M ·	•
2. PRINCED PRINCE OF Business												
Size, Apr. 66 Covy & State 1. Only & State 1. On		G FL			FL							
City A State Name and Address of Current Registered Agent Section Sect												
Second column Second colum	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT	WRITE IN TI-	IIS SPACE		_
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Steek Address (F.C. Born Number is Net Acceptable) SISTEMATOR STEEKET SISTEMATOR STEEKET SISTEMATOR STEEKER SISTEMATOR	MIDDLEBURG							70			 - · · ·	le
SMITH HILLSEY & BLACKBURN DENNIS L SAMTH HILLSEY & BLACKBURN DENNIS L SIZE WATER STREET Steep Acdress (P.O. Do. Number is Not Acceptable) SISS BELLPORT ROAD SOUTH STACKBONVILLE NL ACKSONVILLE NL SIZE DENNIS L. BLACKBURN DENNIS L ACKSONVILLE NL SIZE DENNIS L. BLACKBURN DENNIS L ACKSONVILLE NL SIZE DENNIS L. BLACKBURN DENNIS DENNIS DENNIS DENNIS DENNIS DENNIS DENNIS DENIS DENNIS D	•	'	l '		try		. Certificate of	f Status Desi	red 🛚			
SENTIFIED BY SERVICE STREET SUITE 1869 ACKSONVILE IS BUILDING \$509 ACKSONVILE FL 270 Code 32224 8. The above named entry submits this statement for the purpose of changing its registered and set (PL) SCONATURE DENNIS L. BLACKBURN SCONATURE SCONATURE DENNIS L. BLACKBURN SCONATURE SCONATURE DENNIS L. BLACKBURN SCONATURE SCONATURE SCONATURE DENNIS L. BLACKBURN SCONATURE SCONATURE SCONATURE DENNIS L. BLACKBURN SCONATURE SCONATURE SCONATURE SCONATURE SCONATURE SCONATURE DENNIS L. BLACKBURN SCONATURE		6. Name and Address of Current I	Registered Agent	-		7	. Name and A	ddress of N	ew Register			
Signature Sign	225 WATER STREET SUITE 1800				BLACKE Street Ac 5150 BEI	ddress (P.O LFORT RO	. Box Number i		table)			<u></u>
8. The above named entity submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE DENNIS L BLACKBURN Speakes, types of privated under stinglinered agent of the 4 aparticular agents of the state of Florida. SIGNATURE DENNIS L BLACKBURN Speakes, types of privated under stinglinered agent of the 4 aparticular agents of the stinglinered agent agent agent agent agent agent of the stinglinered agent	32201	US			City		•		F			_
SIGNATURE DENNIS L BLACKBURN	8. The above	named entity submits_this statement for	the purpose of changing its	eaistere			agent, or both.	in the State		3225	6	\dashv
Tax filing requirement and elects to do so. Clear of the check Payable to Department of State Clear of the check Payable to Department of the corporation		DENNIS L. BLACKBU	JRN			_	· 		- 04/2			-
TITLE DM NAME BENDER STEVE SAME NAME NAME STREET ADDRESS STREET AD	Tax filing r (See criter	requirement and elects to do so.	After MAY 1, 200 Make Check Payabl	1 Fee e to De	will be \$5	50.00 of State	Trust	Fund Contri	bution.	∐ Ad	ded to Fees	
MAME BENDER STEVE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS DOCTORS INLET FL DOCTORS I				-			ADDITIONS/C	HANGES TO	OFFICERS A			٦ <u>,</u>
TILE VPC Delete TITLE VT NAME EYRICK, PETER T. STREET ADDRESS AT SILEETY HOLLOW RD. S	NAME STREET ADDRESS	BENDER STEVE 42 SLEEPY HOLLOW RD		NAME STREE	ET ADDRESS						ge 🔲 Addidd	034 (11/
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: ALICIA ALFRED S 04/27/2001	NAME STREET ADDRESS	ASHBY, GEORGE H., JR. 42 SLEEPY HOLLOW ROAD		TITLE NAME STREE	ET ADDRESS	C/P ASHBY, 42 SLEE	JR. GEOF			X Chan	ge 🔲 Additio	n
Indicated of this leptor to 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: ALICIA ALFRED S 04/27/2001	TITLE NAME STREET ADDRESS	DOCTORS INDET		TITLE NAME STREE	ET ADDRESS	MIDDLE	BURG		FL		ge 🗀 Additio	<u></u> н
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #	of the cor changed,	or time report or suppliermental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that mered to execute this report a vith all other like empowered.	y signat is requir	ure shall ha ed by Cha	ava tha con	ne legal effect a orida Statutes;	as if made ur and that my 04/27/2001	nder oath; tha name appea	it I am an offi rs in Block 1	cer or director 1 or Block 12 ii	

Date

Daytime Phone #