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

## G05312 **DOCUMENT#**

1. Entity Name



## **FILED** Jan 31, 2003 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired M \$8.75 Ad Fee Require  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  MARTIN, BEVERLY L.  8963 103RD STREET  JACKSONVILLE FL 32210  City FL Zip Coo  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tile if applicable. (NOTE Registered Agent signature required when reinstaing)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  MARTIN, BEVERLY L.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Applied For Not Applicable Additional uired
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  S. Certificate of Status Desired  \$8.75 Ad Fee Require  7. Name and Address of New Registered Agent  Name  MARTIN, BEVERLY L.  8963 103RD STREET  JACKSONVILLE FL 32210  City  FL Zip Coc  Minume  Signature, typed or printed name of registered agent and the # applicable. (NOTE: Registered Agent signature required when renderating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  III.E  MARTIN, BEVERLY L.  STREET ADDRESS  8963 103RD ST  STREET ADDRESS  STREE	Applied For Not Applicable Additional uired
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  Street Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Coc  City  FL Zip Coc  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  ITILE  NAME  MARTIN, BEVERLY L.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Applied For Not Applicable Additional lired
Zip Country Zip Country 5. Certificate of Status Desired M \$8.75 Ad Fee Require  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  MARTIN, BEVERLY L.  8963 103RD STREET  JACKSONVILLE FL 32210  City FL Zip Coo  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  ITILE  MARTIN, BEVERLY L.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Not Applicable Additional lired
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITILE  PD  MARTIN, BEVERLY L.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	code
MARTIN, BEVERLY L.  8963 103RD STREET  JACKSONVILLE FL 32210  City  City  FL  Zip Coc  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILLE  PD  MARTIN, BEVERLY L.  SIREET ADDRESS  NAME  NAME  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS	
MARTIN, BEVERLY L.  8963 103RD STREET  JACKSONVILLE FL 32210  City  FL Zip Coc  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  IIILE  NAME  MARTIN, BEVERLY L.  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Coc  (NOTE: Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing Trust Fund Contribution.  \$5.0  Added  Added  Change  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  ITILE  PD  MARTIN, BEVERLY L.  STREET ADDRESS  8963 103RD ST  City  FL Zip Coc  City  FL Zip Coc  I in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of re	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  ITITLE  NAME  MARTIN, BEVERLY L.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  PD  MARTIN, BEVERLY L.  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  MARTIN, BEVERLY L.  STREET ADDRESS  SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution. Added to Added to Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  IIITLE PD Delete NAME  MARTIN, BEVERLY L.  STREET ADDRESS  8963 103RD ST STREET ADDRESS	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  IIITLE PD Delete NAME  MARTIN, BEVERLY L.  STREET ADDRESS  8963 103RD ST STREET ADDRESS	
TITLE PD Delete TITLE Change  NAME MARTIN, BEVERLY L. NAME  STREET ADDRESS 8963 103RD ST STREET ADDRESS	.00 May Be ded to Fees
NAME MARTIN, BEVERLY L. NAME STREET ADDRESS 8963 103RD ST : STREET ADDRESS	DRS IN 11
	e 🔲 Addition
CITY-ST-ZIP JACKSONVILLE FL. CITY-ST-ZIP	. —
TITLE D Delete TITLE Change  NAME JOHNSON, JAMES H.  STREET ADDRESS 8963 103RD ST STREET ADDRESS	e 🛄 Addition
CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP	. D Addition
TITLE TITLE TITLE Change  NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE CHANGE	e 📑 Addition
TITLE Delete TITLE Change NAME NAME	e 🔲 Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	
TITLE Delete TITLE Change  NAME STREET ADDRESS STREET ADDRESS	781
CITY-ST-ZIP CITY-ST-ZIP	e Addition

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 10 or Block 11 if changed, or on an attachment with an activess, with all other like empowered.

SIGNATURE:()