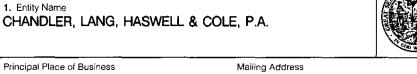
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

G32063





FILED Apr 21, 2003 8:00 am \$ Secretary of State >

04-21-2003 90521 017 ***150.00

Principal Plac 211 N.E. 1ST GAINESVILLE	STREET		Mailing Address 211 N.E. 1ST STREET GAINESVILLE FL 32601								
2. Principal P	Place of Busin	ess	3. Mailing Address						Diden illi diali di	ON DADIN DIĞIR D	
Suite, Apt.	#, etc.	<u></u>	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	FEI Number	59-227134	4	<u> </u>	oplied For of Applicable
Zip		Country	Zip		Country	5.	Certificate of	Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current	Registered Ager	1t		7. :	Name and A	ddress of New	Registered /	gent	
HASWELL, JOHN H.					Name	Name Street Address (P.O. Box Number is Not Acceptable)					
211 N.E.	1ST STREE	Г		Street Address			30x Number ı	s Not Acceptat	ole)		ĺ
GAINESVILLE FL 32601									<u>-</u> .		
					City		FL Zip Code				
	named entity tions of registe	submits this statement for ered agent.	r the purpose of o	changing its re	egistered office or	registered ag	gent, or both,	in the State of f	Florida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE:	Registered Agent signat	ure required when r	einstating)	·	DATE		
After Make Check	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of		andejaj si	de e	**	, , ., Trust	ion Campaign Fund Contribut	tion 🥍 🎺 🗀 🗀	Added	May Be I to Fees
10.	I PD	OFFICERS AND			11.	AL	DDITIONS/CI	HANGES TO OI	FFICERS AND		
TITLE N STREET ADDRESS CITY-ST-ZIP	LANG, JAN 2525 NW (GAINESVIL	22 AVE		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDVS HASWELL, 3671 NW 3 GAINESVIL	JOHN H. 37 ST		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, CL/ 1725 SW			Delete	TITLE NAME STREET ÁDDÁESS CITY-ST-ZIP			····		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition

12. 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 address

SIGNATURE: