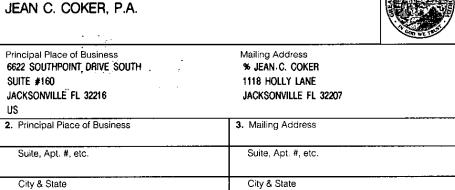
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

H32818

1. Entity Name



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90112 028 ***150.00

| 6622 SOUTHP SUITE #160 JACKSONVILL US 2. Principal P | E FL 32216 | | 1118 JACK | % JEAN.C. COKER 1118 HOLLY LANE JACKSONVILLE FL 32207 3. Mailing Address | | | | - 11-11-11-11-11-11-11-11-11-11-11-11-11 | | | | |
|--|--------------------------------|---|--------------------------------|---|------------------------|-----------------------|--------------------|--|----------------|------------------------------|------------------------------|--------|
| Suite, Apt. #, etc. | | | Suite | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City | City & State | | | | 4. FEI Number 59-2467636 | | | pplied For |] |
| . Zip | Zip Country | | Zip | | Coun | Country 5. | | Certificate of Status Desired | | \$8.75 Ad | ditional | |
| | 6. Name | and Address of Curren | t Registere | d Agent | | | 7. | 7. Name and Address of New Registered Agent | | | | |
| <u> </u> | | | | | | Name | | | | | | |
| COKER, J | | | | Street Address | | | idress (P.O. B | (P.O. Box Number is Not Acceptable) | | | | |
| 1118 HOLLY LANE | | | | | | | · | | | | | - |
| JACKSONVILLE FL 32207 | | | | | | City Zip C | | | | | de | - |
| | | | | | | | | | FL | | | |
| | named entity ions of regist | | or the purp | ose of changing its | register | ed office or | registered ag | gent, or both, in the State of Fl | orida. I am f | amiliar with | , and accept | |
| the obligat | ions or regist | orda agent. | | | | | | | | | | |
| SIGNATURE . | Signature typed | or printed name of registered agen | t and title if app | licable. (NOTE | : Registere | d Agent signatur | e required when re | reinstating) | DATE | | | |
| After | May 1, 200 | FEE IS \$150.00 Fee will be \$550.00 | of State | | | | | 9. Election Campaign Fi Trust Fund Contribution | | | 00 May Be ed to Fees | |
| 10. | | OFFICERS AND | | | | | AD | | FICERS AND | DIRECTOR | RS IN 11 | 1 |
| TITLE | DPS | | | ☐ Delete | TITL | | | | | Change | Addition | 3 |
| NAME | COKER, JEAN C. | | | | | E | | | | | | (10/02 |
| STREET ADDRESS 1118 HOLLY LANE CITY-ST-ZIP JACKSONVILLE FL | | | | | | ET ADDRESS | | | | | | 10.34 |
| CITY-ST-ZIP | | VILLE FL | | | + | - ST- ZIP | | | | | | , J |
| TITLE NAME | AS Len. Diana M | | | ☐ Delete | | TITLE NAME | | | | ☐ Change | ☐ Addition | 2 |
| STREET ADDRESS | | | | | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | a | | | | CITY | CITY-ST-ZIP | | | | | | |
| TITLE | AST | | | □ Delete | TITL | | | and the second s | | ☐ Change | Addition | |
| NAME | | LIZABETH A | | | NAM | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 1118 HOL | VILLE FL 32207 | | | 1 | ET ADDRESS -ST-ZIP | | | | | | |
| TITLE | UNDITOON | VILLE I E OZZOI | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME | | | | | NAME | | | | _ , | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | CITY | - ST-ZIP | | | | | . | - |
| TITLE | | | ☐ Delete | | | TITLE | | | | ☐ Change | ☐ Addition | l |
| NAME STREET ADDRESS | | | | | NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |
| NAME | | | | | NAM | E | | | | - | | |
| STREET ADDRESS | | | | | • | et address | | | | | | |
| CITY-ST-ZIP | | | | | | -ST-ZIP | | | | | | |
| 12. I hereby of indicated | certify that the | information supplied wit | h this filing is true and . | does not qualify for accurate and that m | the exe | mption state | ed in Section | 119.07(3)(i), Florida Statutes. | I further cert | tity that the m an office | information r 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, with an order keep the 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, with an order keep the empowered to

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR