- 2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2003 8:00 am Secretary of State

2/2

1. Entity Nam	MENT # H7447 ACHT CENTER, INC.	' 2				· · · · · · · · · · · · · · · · · · ·)2-21-200	3 90247 0	33 ***	*150.00	
Principal Place 3376 LAKESHO JACKSONVILLE US	DRE BLVD	Mailing Address 3376 LAKESHORE BLVD JACKSONVILLE FL 32210 US									
2. Principal P	lace of Business	3. Mailing Address				i santain ann ann a	1411 21211 16212 11		(1 DIEN EN	., ., ., ., ., ., ., ., ., ., ., ., ., .	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State				FEI Number 59-2	579430		-	plied For Applicable	
Zip	Country	Zip	Count	try	-	. Certificate of Status		Fee f	75 Add Required	itional	
	6. Name and Address of Current	Registered Agent		·	- 7.	· Name and Address	of New Regi	stered Agent	·	<u>- · · · · · · · · · · · · · · · · · · ·</u>	┤ ¯
			_	Name	-CTC	ORP	در المراجعة المراجعة المراجعة المراجعة ا			-	ł
SMITH, HULSEY & BUSEY 225 WATER ST				Street Ac	dress (P.O.	ss (P.O. Box Number is Not Acceptable) LAURA STREET					
STE 1800											
JACKSONVILLE FL 32202				City J?	CKSON	SONVILLE FL Zip Code 32202					
8. The above the obligate SIGNATURE	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.	Helil		ed office or			State of Florid	a. I am familia	ar with, a	and accept	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o		,» ===	,		9. Election Car Trust Fund C	Contribution.		Added	May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGE	S TO OFFICE				15
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAMB, BRONSON E., JR. 3376 LAKESHORE BLVD JACKSONVILLE FL	⊠ Delete		i i	DOWNIN 3376 I	MAN/CEO NG NIGHTINGA LAKESHORE BI ONVILLE, FL	.VD		Change	Addition	2E034 (10/02
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TITLE NAME	SD LAMB, PAULA	XI Delete	TITLE NAME		BIRECT		•		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	3376 LAKESHORE BLVD JACKSONVILLE FL			ET ADDRESS - ST-ZIP	3376 t	AKESHORE BI	.VD				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Detete			3376 I	TOR V. LANE LAKESHORE BI DNVILLE, FL			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			EVP/CF CHRIST 3376 %		MB MB	, 0	Change	⊠ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete							Change	Addition	

12. I hereby certify that the information supplied with this filling 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 attact true might be an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)384-5577