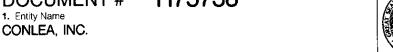
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## H75738 DOCUMENT #

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAM





## **FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90093 006 \*\*\*150.00

					Ì		E S								
Principal Place of Business 8136 ATLANTIC BOULEVARD JACKSONVILLE FL 32211				Mailing Address 8136 ATLANTIC BOULEVARD JACKSONVILLE FL 32211											
2. Principal Place of Business				3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES							
City & State				City & State				4. FEI Number 59-2578149				Applied For Not Applicable			
Zip Country			Zi	Zip Count			5. Certificate of Status Des					Fee Required			]
	6. Name	and Address of	Current Registe	Registered Agent				7. Name and Address of New Registered Agent							-
LEAKE, DARRELL 306 OCEANFRONT NEPTUNE BEACH FL 32233				-			Name Street Address (P.O. Box Number is Not Acceptable)								     
***						City					FL	Zip Code			
the obligati	ions of registe	red agent.		rpose of changing its	registere	ed office or	register	ed age	ent, or both, in	the State o	f Florida.	l am fan	niliar with,	and accept	
SIGNATURE _	Signature, typed o	r printed name of regist	ered agent and title if a	ipplicable. (NOT	E: Registered	d Agent signatu	re required	when rei	instating)			DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									Trust F	n Campaigr und Contrib	ution.		Added	<b>0</b> May Be I to Fees	
10.		OFFICE	RS AND DIREC	ORS	11.			ADI	DITIONS/CH	ANGES TO	OFFICER				ء ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEAKE, DA 306 OCEA NEPTUNE	NFRONT		☐ Delete						-10			_ Change	Addition	0,01,10010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONE, ED 306 OCEA NEPTUNE	NFRONT	•	Delete		E ET ADDRESS	304	OC	EDDIE EANFRO E-BEAC	NT			_} Change	☐ Addition	3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADICHES 10555 SEF JACKSON	, JOHN RENA DR	-	☐ Delete		E						_	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONE, VA	LERIE J AN FRONT		☐ Delete			304	OC	VALERI EANFRO	NT	, 3	3226	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								Į.	Change	☐ Addition	ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	IE EET ADDRESS '-ST-ZIP							Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the l on this repor rporation or th , or on an atta	e information sup t or supplementa e receiver or trus chment with an a	tauress, with part	ng does not qualify to nd accurate and that to execute this repor other like empowered	or the exe my signa t as requi	emption stat ture shall h ired by Cha	ted in Se ave the opter 60	ection same I 7, Flori	119.07(3)(i), F legal effect as da Statutes; a	lorida Statu if made un nd that my	ites. I furt der oath; name ap	her certif that I am pears in I	y that the in an officer Block 10 o	information or director r Block 11 if	