2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

J08060



FILED Apr 10, 2003 8:00 am Secretary of State

Entity Name MCCALE		Y, INC.						04-10-2003 90086 01	8 ***150	0.00
Principal Place of Business 155 E 21ST STREET JACKSONVILLE FL 32206 US			155 E	Mailing Address 155 E 21ST STREET JACKSONVILLE FL 32206 US						
2. Principal Place of Business			3. Mailing Address				I HODISIO BIH BOIDI IDIK BUKIL UKIK BOKE BIRK BI	1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & State			City & State				4 . F	FEI Number 59-2692620		oplied For ot Applicable
Zip		Country	Zip		Coun	try	5, 0		8.75 Add	
	6. Name	and Address of Current	t Registere	ed Agent			7. N	lame and Address of New Registered A	gent	
						Name				
MCCALEB, SCOTT L						Street Address (P.O. Box Number is Not Acceptable)				
155 E 21ST STREET										
JACKSONVILLE FL 32206					,	City FL Zip Code				
			_				 -		<u> 1 </u>	
8. The above	e named entity tions of regist	y submits this statement for	or the purp	ose of changing its r	egistere	ed office or re	egistered age	ent, or both, in the State of Florida. I am fa		
the obligati	lions of regist	I WIN	14/					7_2	8-05	}
SIGNATURE .	Social	or printed name of registered agent	Coru	<i>y</i>						
		or printed name of registered agent		dicable. (NOTE:	Registere	d Agent signature	i leguired when re	instating) DATE		l l
			t and the it app	licable. (NOTE:	Registere	d Agent signature	Liednised Mueu te	instating) DATE		
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After	ILE NOW!! r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00		ilicable. (NOTE:	Registere	a Agent signature	Treduired when re			0 May Be
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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 trusted 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 applicase with altother like empowered.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

904-707-9600