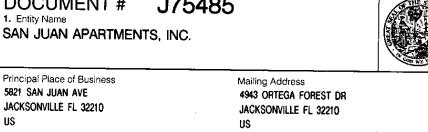
FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90076 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # J75485



Principal Place of Business 5821 SAN JUAN AVE JACKSONVILLE FL 32210 US 2. Principal Place of Business Suite, Apt. #, etc. City & State			Mailing Address 4943 ORTEGA FOREST DR JACKSONVILLE FL 32210 US 3. Mailing Address Suite, Apt. #, etc. City & State				<u> </u>				 	1:1::	
						 		☐ CHECK HERE IF MAKING CHANGES					
						4	4. FEI Number 59-2808817					pplied For	
Zip Country		Country	Zip		Country			5. Certificate of Sta			\$8.7 Fee R	5 Ad	ditional
6. Name and Address of Current Registered Agent						7. Name and Address of New Regis					stered Agent		
RODDEN	Berry, Ha j					Name				-	a Agent		
5821 SAN JUAN AVE. JACKSONVILLE FL 32210						Street Ad	Idress (P.O). Box Number is No	t Acceptable)) -			
JACKSUN	WILLE FL 3	2210				City	_	·		F		p Cod	
SIGNATURE	Signature, typed	y submits this statement for ered agent. or printed name of registered agent FEE IS \$150.00 Fee will be \$550.00				d office or r		on reinstating)	e State of Flor	DATE			and accept
Make Check 10.	k Payable to	Florida Department o							d Contribution				I to Fees
			ND DIRECTORS		11.			ADDITIONS/CHAN	GES TO OFFIC	CERS AN	ID DIREC	CTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS RODDENB 4943 ORTE JACKSON	erry, harry h jr Ega forest dr /ille fl		Delete	TITLE NAME STREE CITY-S	T'ADDRESS				-	☐ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	FADDRESS ST-ZIP		***			☐ Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	₹* • • • · · · · · · · · · · · · · · · ·		Delete	NAME STREET	ADDRESS	-		- -		Cha	ange	Addition
TITLE NAME STREET ADDRESS	,			☐ Delete	TITLE NAME STREET	ADDRESS	1			-	☐ Cha	ange	Addition

TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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, with all other like empowered.

904-786-6404 Daytime Phone #