FILED

2002	2 UNIFURM BU	SINESS KEPU	RI !	(UDN)	_	Esh 20 200	7 O.A	0 2702	Š
DOCUMENT # K10443						Feb 20, 2002 8:00 am Secretary of State			
PG MAN	AGEMENT CO.					02-20-2002 90144 ()33 *****15().00	
Principal Place of Business Mailing Address									
11330 1 ST JOHNS INDUSTRAIL PKWY JACKSONVILLE FL 32246 US		11330 1 ST. JOHN INDUS JAKSONVILLE FL 32246 US					ARRI ARRI AIRIF		
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address				OJOH BIÐI GIÐI I		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			. DO NOT WRITE IN THIS	SPACE		
City & Stat	e ,	City & State	City & State			4. FEI Number Applied For S9-2864199 Not Applicable			
Zip Country		Zip	Count	гу	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Curre	ent Registered Agent			7. N	lame and Address of New Registered	Agent		ĺ
	-	- .		Name					
ELSILA, NEIL E. 11330 1 ST. JOHNS INDUSTRIAŁ PKWY			•	Street Address	s (P.O. Box Number is Not Acceptable)				
	VVILLE FL 32246								
• • • • • • • • • • • • • • • • • • • •	Vii.		}	City		FL	Zip Cod	e	1
O The shave	named entity submits this statemen	at for the nursens of changing its	rogiotoro	d office or regist	torod og		-		1
o. The above	mamed entity submits this statemen	it for the purpose of changing its	egistere	a onice or regis	iereo agi	ent, or both, in the otate of Honda.			1
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	Registered	1 Agent signature requi	red when re	instating) DATE			
9. This corpo	pration is eligible to satisfy its Intang	ible FILE NOW!	!! FEE	IS \$150.00		40 Floring Commiss Floring	AF 0		
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable						Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	Ì
11.	OFFICERS A	ND DIRECTORS	12.			DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR:	S IN 11	
TILE	PSD	☐ Delete	TITLE				☐ Change	Addition	<u>6</u>
NAME	ELSILA, NEIL E.		NAME	l l					4 (9
STREET ADDRESS CITY-ST-ZIP	RIAL PKWY		ET ADDRESS ST-ZIP					2E034 (9/01	
TITLE	JACKSONVILLE FL VTD	☐ Delete	TITLE				☐ Change	Addition	25
NAME	HULSEY, JOHN		NAME					_	
STREET ADDRESS	11330-1 ST. JOHNS INDUSTI	RIAL PKWY		ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL	·		ST-ZIP		LLEWIN .	[] Change	Addition	
TITLE NAME	·	☐ Delete	TITLE NAME	i i	-	ويعلم الإيلامية المهاري الأراز المراكب المعرفية فليستخطأ الأراث المراكبة	Change	☐ Audition	
STREET ADDRESS			STREE	ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					Į
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	ET ADDRESS					!
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete	TITLE			and the second of the second o	☐ Change	Addition	į
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					l
TITLE	1.4.4.7	☐ Delete	TITLE				☐ Change	☐ Addition	l
NAME			NAME	l l		, ,			
STREET ADORESS				ET ADDRESS		• •			
CITY-ST-ZIP	l		■ UHY-	ST-ZIP					

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daylime Phone 4 SIGNATURE: .