FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90089 049 ****50.00

MALE, ERNEST E III S50 GREENSBORD AVENUE, SUITE 507 TUSCALOOSA, AL 35401 IIIE NAME RIRET ADDRESS RITY-S1-ZIP TUE NAME RIRET ADDRESS RITY-S1-ZIP TURE RITHER RITHER ADDRESS RITY-S1-ZIP TURE RITHER RITHER ADDRESS RITY-S1-ZIP TURE RITHER ADDRESS RITHER ADDRESS RITY-S1-ZIP TURE RITHER ADDRESS RITHER ADDRESS RITY-S1-ZIP TURE RITHER ADDRESS RITHER ADDRESS RITHER ADDRESS RITHER ADDRESS RITHER A	U	NIFORM BUSIN	VESS REPORT	(UB	<u>(R)</u>	ุ งับ	067	402	
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8. Certificate of Status Devices Fee Regulated 8. Certificate of Status Devices Fee Regulated Agent 7. Name and Address of New Regulatered Agent Name Name Name National Address of New Regulatered Agent	City & State		City & State	City & State					··
Name Sireet Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Count	ry	5. Certificate of Status Desired			
Sireed Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Pioria. I am familiar with, and acceptable of the obligations of registered agent. GRATURE Syntax Transport		6. Name and Address of Cur	rent Registered Agent		NI	7. Name and Address of New Re	gistered A	ent	
City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pionas. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pionas. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pionas. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pionas. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pionas. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pionas. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pionas. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pionas. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pionas. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pionas. I am familiar with, and accept the state of Pionas. I am familiar with, and accept the state of Pionas. I am familiar with, and accept the state of Pionas. I am familiar with, and accept the state of Pionas. I am familiar with, and accept the state of Pionas. I am familiar with, and accept the purpose of Charge agent. In the state of Pionas Agent a	0192 SAN	JOSE BLVD							
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TITLE NAME ME NAME NAME STREET ADDRESS CTTY-S1-2IP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report is true and occurate and that my signature shall have the same legal effect as if made under cash. that I am a managing member or manager of the information or true received to execute this report as required by Chapter 508, Florida Statutes.	MĒ		☐ Deleie	NAME			. 1	Change	Addition
(cm/si-2i) I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3(f)). Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of the infiliability company or the received trues empowered to execute this report as required by Chapter 506, Florida Statutes.	NE		Delete	TITLE			Ţ	☐ Change	Addition
hmited liability company or the receiver or trusted empowered to execute this report as required by Chapter 508, Florida Statutes.	TY-ST-ZIP	pertify that the information supplied on this report is true and accurate	with this filling does not qualify hand that my signature shall have	CITY- or the exer	S1-ZIP option stated in Se	ction 119.07(3)(i), Florida Statutes. I fu	irther certify	y that the in	formation
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