04-18-2003 90196 023 ***150.00

Apr 18, 2003 8:00 am Secretary of State

2003 FOI	R PROFIT (CORPORA	TION
UNIFORM	BUSINESS	REPORT	(UBR)

L57292 DOCUMENT #

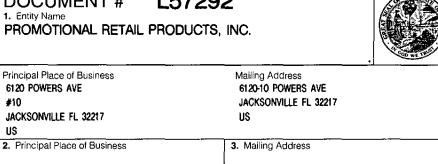
1. Entity Name

Suite, Apt. #, etc.

City & State

Zip

Country



Suite, Apt. #, etc.

City & State

Zip

	Birii minii ririi birii birii indi
CHECK HERE IF MAKING CH	HANGES
4. FEI Number 59-2997570	Applied For
28-5881210	Not Applicable
	.75 Additional Required
7. Name and Address of Nam Designation &	_4

6. Name and Address of Current Registered Agent	7. Name an	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)		
STEPHENS, MARK V. 1602 PAECHTREE CIR SOUTH JACKSONVILLE FL 32207				
	City	FL	Zip Code	
3. The above named entity submits this statement for the purpose of changing its re the obligations of registered agent.	egistered office or registered agent, or bo	oth, in the State of Florida. I am far	niliar with, and acce	

Country

SIGNATURE	<u> </u>			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check	k Payable to Florida Department of State					
10.	OFFICERS AND DIRECTO	RS	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENS, MARK V. 1602 PEACHTREE CIRCLE SOUTH JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	¥	Delete	TITLE NAME: STREET ADDRESS CITY-ST-ZIP	and the same of th	☐ Change	☐ Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. I hereby certify that the information supplied with the viling 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 of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w

SIGNATURE: