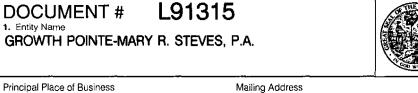
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)





FILED Apr 24, 2003 8:00 am Secretary of State							
	ary of						

	NT STATION COURT. SOUTH 3744 DUPONT STATION COURT. SOUTH  LLE FL 32217 JACKSONVILLE FL 32217		 					
2. Principal P	rincipal Place of Business 3. Mailing Address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.B (116) (1908) 0111 018(1 018)1 018(1 018)	II BIBLI BIŞII IBBI			
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State City & State			4. FEI Number 59-302	4. FEI Number 59-3025008 Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of Status De	Certificate of Status Desired   \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	7. Name and Address of	7. Name and Address of New Registered Agent				
STEVES, MARY R. 3744 DUPONT STATION COURT, SOUTH JACKSONVILLE FL 32217			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature typed agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
After	LE NOW!!! FEÉ IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	of State		9. Election Campa Trust Fund Con	tribution.	.00 May Be ed to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTO	<del></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STEVES MARY R. 3744 DUPONT STATION CT JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEVES, MARY R. 3744 DUPONT STATION CT JACKSONVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	e ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.4 4	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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Change	Addition		

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.

SIGNATURE: