2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0000000644

Entity Name: ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.

Mar 29, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

P.O. BOX 2438

JACKSONVILLE, FL 322032438 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2438

JACKSONVILLE, FL 322032438 US

FEI Number: 59-0690965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAZUK, JOHN PRES. LAZUK, JOHN PRES. P.O. BOX 2438 10200 BELLE RIVE BLVD

JACKSONVILLE, FL 322032438 US APT 136

JACKSONVILLE, FL 322032438 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN LAZUK 03/29/2003

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DIR () Delete (X) Change () Addition

COATS, ELAINE COATS, ELAINE Name: Name:

P.O. BOX 2438 Address: NASSAU COUNTY CLERKS OF COURTS - N 14TH ST Address:

City-St-Zip: JACKSONVILLE, FL 322032438 City-St-Zip: FERNANDINA BEACH, FL 32035

Title: DIR Title: (X) Change () Addition () Delete

MAYERS, LINDA A Name: ADKINS, TONY Name:

Address: P.O. BOX 2438 Address: IRON MOUNTAIN - 5633 DOOLITTLE ROAD City-St-Zip: JACKSONVILLE, FL 322032438 City-St-Zip: JACKSONVILLE, FL 32254

Title: DIR () Delete Title: DIR (X) Change () Addition SHIGO, JOYCE A SHIGO, JOYCE A Name: Name:

P.O. BOX 2438 Address: Address:

XPRESS IT OFFICE PROD - 3904 ST. JOHNS AVE JACKSONVILLE, FL 322032438 City-St-Zip: JACKSONVILLE, FL 32205

City-St-Zip:

() Delete Title: PRES Title: PRES (X) Change () Addition LAZUK, JOHN Name: Name: LAZUK, JOHN CRM

10200 BELLE RIVE BLVD, APT 136 Address: P.O. BOX 2438 Address:

JACKSONVILLE, FL 322032438 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR () Delete Title: (X) Change () Addition

BROWNING, VIVIAN Name: Name: SCOTT, MARLENE

P.O. BOX 40725 ED COM CU - 623 N. MAIN STREET Address: Address:

JACKSONVILLE, FL 322032438 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete Title: (X) Change () Addition

HUMPHREY, ALECIA HASKINS, JENNIFER Name: Name:

Address: P.O. BOX 2438 Address: INFOGUARD - 6595 PRITCHARD ROAD

JACKSONVILLE, FL 322032438 JACKSONVILLE, FL 32219 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LAZUK **PRES** 03/29/2003 SHARON NEVELING, DIR SMITH, HULSEY, BUSEY - 225 WATER STREET JACKSONVILLE, FL 32202

JACK BOBECK, DIR FILING SOURCE - 7529 SALISBURY RD JACKSONVILLE, FL 32256