


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2003 8:00 am
Secretary of State

06-10-2003 90036 008 ****61.25

DOCUMENT # N00000005043(L)

1. Entity Name
57TH AVENUE INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>5577 Avenue B</u>		3. Mailing Address <u>8523 Laurens rd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Jax, fl</u>	City & State <u>Jax, fl 3</u>	4. FEI Number	
Zip <u>32209</u>	Country <u>Duval</u>	Zip <u>32208</u>	Country <u>Duval</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Chern D. Ward

Street Address (P.O. Box Number is Not Acceptable)

7835 Cloverleaf st

City Jax FL Zip Code 32244

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Chern D. Ward DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>George w. ward</u> <u>8523 Laurens rd</u> <u>Jax, fl 32208</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Elwin L. Phillips</u> <u>1231 Kenmore st</u> <u>Jax, fl 32208</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Frankie L. Davis</u> <u>7835 Cloverleaf st</u> <u>Jax, fl 32244</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Adam R. Waters</u> <u>8049 Heiston Dr.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Adam R. Waters

CR2E037B (12/02)

Attachment

80125558

5/15/03

CORPORATE DETAIL RECORD SCREEN

2:49 PM

NUM: N00000005043 ST:FL ACTIVE/FL NON-PROF FLD: 07/24/2000

FEI#: 43-1958981

NAME : 57TH AVENUE INC.

PRINCIPAL: 5577 AVENUE "B"

ADDRESS JACKSONVILLE, FL 32209

RA NAME : WARD, CHERON O

RA ADDR : 7835 CLOVERLEAF STREET

JACKSONVILLE, FL 32244 US

ANN REP : (2001) A 05/16/01 (2002) A 05/30/02

~~1. MENU, 3. OFFICERS, 7. LIST, 8. NEXT, 9. PREV.~~

ENTER SELECTION AND CR: