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

FILED May 17, 2002 8:00 am Secretary of State

DOC	CUMENT# \/ \/ \/ \/ \/	<del></del>	(OBK)	¬ /	05-17-2002 900	39 049 ****61.25
· 1. Entity	Name V 000	0000068	13. ~			
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		- 13th			U U 10-11	<b>∵</b>
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	DO NOT WRITE	IN THIS SP	ACE			
2. Princip	pal Place of Business	3. Mailing Address		4		
1451 Suite /	MT HERMAN ST Apt. #. etc.	1451 MtHei	eman st		·	
221(3), 7	φ. «. c.c.	Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS	SPACE
City & S		City & State				
	JACKSONVILLO FL JACK		KSONVILLE FL		4. FEI Number 593673995	
3270	09 LUVAL-4SA	Zip	Country= -		<del></del>	Not Applicable -\$8.75 Additional
	3477243	32209	MWV/1043	6. Certificate of Sta	-	Fee Required
			Name	7. Name and Addres	s of Current Registere	d Agent
	DO NOT WE	RITE	Stroot & did (			
4	IN THIS SPA	NOF.	Street Address (I	P.O. Box Number is N	ot Acceptable)	
		ACE			<del> </del>	<del>_</del>
			City	<del>"</del>		Zip Code
8. The abo	ive named entity submits this statement for the	ne purpose of changing its req	istered office or registers		FL	· Lip code
		, , , , , , , , , , , , , , , , , , ,	issored office of registere	ed agent, or both, in th	e state of Florida.	
SIGNATURI	E					
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Rec	gistered Agent signature required v	vhen reinstation)	<del> </del>	
do sa associ					DATE	
n= 1.mi 10	FEE IS \$61.25	9. Election Campai	gn Financing	\$5.00 May Be	Make Chart	
10.	Initial or Amended UBR	Trust Fund Contr	one and the first	Added to Fees	Make Check Departmen	Payable to
ITLE	OFFICERS AND DIF	<del></del>				
IAME	BAKER, ROLAND	☐ Delete				
TREET ADDRESS	S 11630 THORNAPPLE DR.					
iTY-ST-ZIP	JACKSONVILLE FL 32223		T ADDRESS			
ITLE	VD NOLEON OLLANGE	☐ Delete	ST-7IP:	· · · · · · · · · · · · · · · · · · ·		
ame Treet address	MCLEOD, CHARLES 1222 STEELE CT., #3					
IFY-ST-ZIP	JACKSONVILLE FL 32209	-	T ADDRESS			.   5
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REET ADDRESS	7588 JOHN F. KENNEDY DR. EAS	ST	T ADDRESS			
TY-ST-ZIP	JACKSONVILLE FL 32209		ST- ZIP	DO N	<b>OT WRIT</b>	F
le Me	TUDNED FOOTED ID	- Defete		The artist of the second	Tallet and the family and	
REET ADDRESS	TURNER, FOSTER JR. 3230 ERNEST ST.			INIF	IIS SPAC	<b>E</b>
Y-ST-ZIP	JACKSONVILLE FL 32205		T ADDRESS ST-ZIP			
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AE .		☐ Delete				
EET ADDRESS			ADDRESS			
/-ST-ZIP			ST-ZIP			
E		☐ Delete				i i i i i i i i i i i i i i i i i i i
EET ADDRESS	:		ET ADDRESS			
-ST-ZIP	``		ST-ZIP			
indicated of the corn	on this report or supplemental report is true a	ing accurate and that my sign	nption stated in Section	119.07(3)(i), Florida	Statutes. I further certify	that the information
attachmen	on this report or supplemental report is true a poration or the receiver or trustee empowere it with an address, with all other like empowe	d to execute this report as red	quired by Chapter 617, F	e legal effect as if mad lorida Statutes; and th	e under oath; that I am a lat my name appears in	an officer or director Block 10 or on an
GNATI	IRE. KOUL OR	1/	0. 5/	اربر بلد ۱	1 /	
A: (	SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECT	Kresid	Cent 4/1	9102 904-9	353-9883
				Date	Daytimi	a Phone #