## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4

CRANCE PARK FL 20073  ORANGE PARK FL 20073  ORANGE PARK FL 20073  2. Principal Place of Business  Suite, Apr. 6, etc.  City & State  Zo  Country  Zp  Country  Zp  Country  Zp  Country  Experiment of Status Desired  A Name and Address of Current Registered Agent  Name  N	200	02 UNI	FORM BUSI	NESS REP	PT*(U	BR)		-90315-001-\$61.25 02-90315-002-\$8.7			
Principal Place of Business  Authing Address  SECRETARY OF STATE TAILAHASSEE, FLORIDA  2. Principal Place of Business  3. Mailing Address  Suse, Apir R. atc.  Coy & State  A State Apir R. atc.  Coy & State  Coy & State  Coy & State  A State Apir R. atc.  Coy & State Api	DOC 1. Entity N	UMENT Name	# N010000	]							
82 SAM ROBAR DR ORAKE PARK R. 20073  2. Principal Place of Business  Suite, Apt. #. etc.  Suite, Apt. #. etc.  City & State  Cit	CLAY	COUNTY CO	DMMUNITY BAND, II	02 HAY	15 PM 4:20						
82 SAM ROBAR DR ORAKE PARK R. 20073  2. Principal Place of Business  Suite, Apt. #. etc.  Suite, Apt. #. etc.  City & State  Cit	Principal Place of Business Mailing Address						SECRETA	ARY OF STATE			
Sulle, Apil #, etc.    Sulle, Apil #, etc.   Sulle, Apil #, etc.   DO NOT WRITE IN THIS SPACE   City & State   City &								OOLL, 1 COOLA			
City & State  Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Street Address (P. O. Box Number to Not Acceptable)  City  FL Zp Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SiGNATURE  Street Address (P. O. Box Number to Not Acceptable)  City  FL Now FEE IS \$51.25  9. Election Carrelege Presence  Trust Fund Contribution.  City  FILE NOW: FEE IS \$51.25  9. Election Carrelege Presence  Address (P. O. Box Number to Not Acceptable)  DATE  FILE NOW: FEE IS \$51.25  9. Election Carrelege Presence  Trust Fund Contribution.  City  FILE NOW: FEE IS \$51.25  9. Election Carrelege Presence  Address (P. O. Box Number to Not Acceptable)  DATE  FILE NOW: FEE IS \$51.25  9. Election Carrelege Presence  Address (P. O. Box Number to Not Acceptable)  DATE  FILE NOW: FEE IS \$51.25  9. Election Carrelege Presence  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Not Acceptable)  DATE  Address (P. O. Box Number to Numb	2. Principa	at Place of Busine	988	3. Malling Address	<del></del>						
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E. Name and Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Cit	City & S	tate	,	City & State				1150 = 0			
O. Marne and Address of Current Registered Agent     Name     Name and Address of Niew Registered Agent     Name     Street Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  City FL  Z	Zip Country			Zip	Country				\$8.75 A	dditional	
HEINTZINGER, ART 623 SAN ROBAR DR ORANGE PARK FI, 32073  City FL Zp Code		6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
City FL Zip Code  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.  SIGNATURE  Sprakes, typed or private man and registered agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent algorithm worked agent and time if applicable.  (NOTE Registered Agent algorithm worked agent algorithm worked agent algorithm and time if applicable.  (NOTE Registered Agent algorithm worked agent algorithm and time if applicable.  (NOTE Registered Agent algorithm worked agent algorithm and time if applicable.  (NOTE Registered Agent algorithm worked agent algorithm and time if applicable.  (NOTE Registered Agent algorithm worked agent algorithm and time if applicable.  (NOTE Registered Agent algorithm worked agent algorithm and time if applicable.  (NOTE Registered Agent algorithm and time if applicable.  (NOTE Registered Agent algorithm and time if applicable.  (N	HEINT7IN			<u></u>		P.O. Box Number to	Not Accompanie				
Either 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  SIGNATURE  Signature, typed or present name of registered agent and use if accidance.  (NOTE Registered Agent agentary supplies when restricted to the purpose of changing its registered office or registered agent, or both, in the state of Florida.  INTELLATION OF THE IS \$61.25  9. Election Campaign Financing Added to Fees Added to Fees Added to Fees Department of State Departme	623 SAN	ROBAR DR					Noi Acceptable)				
B. 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  SIGNATURE  SQUARMA, typed or period name of registered agent and too if accitable.  (NOTE Registered Agent alphanae supplied when recitable)  PILE NOW: FEE IS \$61.25  9. Election Campaign Financing Added to Fees Trust Fund Contribution.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  PINET Added to Fees PINET ADDRESS TO OFFICERS AND DIRECTORS IN 10  INTEL  PO HEINTZINGER, ART  HEINTZINGER, ART  HEINTZINGER, ART  HEINTZINGER, ART  HORANGE PARK FL 32073  ITIL  NAME  STRET ADDRESS  OTTY-ST-ZIP  HALL, ART  HALL, ART  HALL, ART  HALL, ART  Delete  HALL, ART  DELETADORESS  COTY-ST-ZIP  OTTY-ST-ZIP  ORANGE PARK FL 32003  Delete  HALL, ART  DELETADORESS  COTY-ST-ZIP  ORANGE PK FL 32003  DELETADORESS  COTY-ST-ZIP  ORANGE PK FL	UHANGE	PARK FL 320	73		City				Zip Co	de	
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THE DC   Delete   TITLE   NAME   NAME   STREET ADDRESS   ORANGE PK FL 32073   City-st-zip   Orange pts   coordinated on this report or supplier ental report is the nod possess and qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier ental report is the nod possess and qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier ental report is the nod possess and qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier ental report is the nod possess and qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplier ental report is the nod possess and qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the node of	reet adoress Ty-St-Zip	508 NASSAU	CT		STREET ADDRESS		,				
PARE ADDRESS 2119 WINTERBOURNE W Y-ST-ZIP ORANGE PK FL 32073  Thereby 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 supplier pertel report is true and asserted and this report or supplier pertel report is true and asserted and this report or supplier pertel report is true and asserted and this report or supplier pertel report is true and asserted and this report or supplier pertel report is true and asserted and this report or supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel report is true and asserted and the supplier pertel		DC	L 02000	☐ Defete			·	*	Charge	[ ] Addition	
Y-ST-ZIP ORANGE PK FL 32073 CITY-ST-ZIP  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 supplier ental report is true and resource autity for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information			ROHONE W		NAME			•	—i ∩iailia	LI AGGILION	
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 local affect.			DOURNE II		SINCE AUDRESS						
	ry-st-zip	<u>Orange PK I</u>	L 32073							J	