2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200003438

1. Entity Name

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Principal Place of Business	Mailing Address	
1341 IDA STREET JACKSONVILLE FL 32208	1341 IDA STREET JACKSONVILLE FL 32208	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Jul 25, 2003 8:00 am Secretary of State 07-25-2003 90094 034 ****61.25

Country Zip Country Zip Country S. Certificate of States Desired \$8.75 Additional \$8.75 Additional		JFL, INO.	/								
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ROUNDTREE, ROBIN 1341 IDA STREET JACKSONVILLE FL 32208 City City FL Zip Code 8. The above mamod entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligations of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligations of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligations of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligations of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligations of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligations of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or both. In the State of Florida. Tam familiar with, and accident the obligation of registered agent, or		6Name and Address of Current	Registered Agent	ق جو جان پيد پجواروسيخ		7. Name and Add	ress of New R	egistered Ag	gent		1
1341 IDA STREET JACKSONVILLE FL 32208 City City FL Zip Code 8. The above named entity submats this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the contribution of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the contribution of the contribution of the contribution of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of the contribution				Name							
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B. The above named entry 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 accident the obligations of registered agent. SIGNATURE Signature, typed dispared region agent and tree applicable. FILE NOW: FEE IS \$61.25 After September 19, 2003, min will be \$236.25 PILE NOW: FEE IS \$61.25 After September 19, 2003, min will be \$236.25 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS IN 11 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE NAME STREET ADDRESS OTH-ST-2P JACKSONVILLE FL 32216 DIMONS, CHRIS STREET ADDRESS OTH-ST-2P JACKSONVILLE FL 32217 Delete TITLE DIMONS, CHRIS STREET ADDRESS OTH-ST-2P JACKSONVILLE FL 32227 Delete TITLE DIMONS, CHRIS STREET ADDRESS OTH-ST-2P JACKSONVILLE FL 32227 THE NAME STREET ADDRESS OTH-ST-2P JACKSONVILLE FL 32227 Delete TITLE DACKSONVILLE FL 32227 Delete TITLE NAME STREET ADDRESS OTH-ST-2P JACKSONVILLE FL 32227 Delete TITLE NAME STREET ADDRESS OTH-ST-2P JACKSONVILLE FL 32227 Delete TITLE NAME STREET ADDRESS OTH-ST-2P JACKSONVILLE FL 32227 TITLE NAME STREET ADDRESS OTH-ST-2P JACKSONVILLE FL 32257	JACKSON	VILLE FL 32208									
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I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BUIREDROBIN L. ROUNDTREE 7/14/03

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