2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50155

Entity Name: ARC/NASSAU, INC.

FILED Jan 31, 2002 8:00 AM Secretary of State

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

1105 HAMILTON STREET YULEE, FL 32097 US

Current Mailing Address: New Mailing Address:

P.O. BOX 999 YULEE, FL 32097

FEI Number: 59-1404429 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:

QUASADA, TONY
307 SOUTH 5TH STREET
FERNANDINA BEACH, FL 32034 US
BURNS, KATHY
4800 RAFTLIFF ROAD
CALLAHAN,, FL 32011 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: KATHY BURNS 01/31/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

307 SOUTH 5TH STREET

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

14629 LAURA ST.

Title: DP () Delete Title: DP (X) Change () Addition Name: CREWS, LISA Name: CREAMER,, MURIEL

Address: P.O. BOX 201 Address: P. O. BOX 1379
City-St-Zip: YULEE, FL 32097 City-St-Zip: YULEE, FL 32097 US

Title: DVP () Delete Title: DVP (X) Change () Addition Name: CREAMER, MURIEL Name: FEBLES, DIANNE

Address: 480 US 17 SOUTH Address: 2649 GREGOR MCGREGOR BLVD.
City-St-Zip: YULEE, FL 32097 City-St-Zip: FERNANDINA BEACH,, FL 32034 US

Title: TT () Delete Title: TT (X) Change () Addition Name: QUASADA, TONY Name: QUASADA, TONY

City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: JACKSONVILLE,, FL 32206 US

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

 Name:
 FOWLER, JANICE
 Name:
 FOWLER, JANICE

 Address:
 123 HIRTH ROAD APT. 301
 Address:
 2065 DICK KING ROAD

 City-St-Zip:
 FERNANDINA BEACH, FL 32034
 City-St-Zip:
 YULEE,, FL 32034 US

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.

Address:

SIGNATURE: MURIEL CREAMER DP 01/31/2002