2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50155

Entity Name: ARC/NASSAU, INC.

FILED Jan 15, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1105 HAMILTON STREET 1105 HAMILTON STREET YULEE, FL 32097 YULEE, FL 32041 **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 (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURNS, KATHY 4800 RÁFTLIFF 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DP () Change () Addition CREAMER,, MURIEL Name: Name: P. O. BOX 1379 Address: Address: City-St-Zip: YULEE, FL 32097 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: FEBLES, DIANNE Name: Address: 2649 GREGOR MCGREGOR BLVD. Address: City-St-Zip: FERNANDINA BEACH,, FL 32034 US City-St-Zip: Title: () Delete Title: (X) Change () Addition QUASADA, TONY Name: WILDER, KENNY Name: 14629 LAURA ST. 3856 WILDER BLVD. Address: Address: City-St-Zip: JACKSONVILLE,, FL 32206 US City-St-Zip: FERNANDINA BEACH, FL 32034 US Title: DS () Delete Title: DS (X) Change () Addition Name: FOWLER, JANICE Name: COOPER, LISA PO BOX 201 Address: 2065 DICK KING ROAD Address: City-St-Zip: YULEE,, FL 32034 US City-St-Zip: YULEE, FL 32041 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.

SIGNATURE: MURIEL CREAMER DP 01/15/2003