

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

UUUUUUUZZZ

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01172005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3515210	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAFETZ, MARTIN  
11651 MAGNOLIA ESTATES RD  
JACKSONVILLE, FL 32223

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAFETZ, MARTIN	
STREET ADDRESS	11651 MAGNOLIA ESTATES RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	

TITLE	SD	<input type="checkbox"/> Delete
NAME	GARBER, STEVE	
STREET ADDRESS	11691 MAGNOLIA ESTATES RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHELDON, KIMBERLY C	
STREET ADDRESS	11717 MAGNOLIA ESTATES RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVID CRANE		
STREET ADDRESS	11667 MAGNOLIA ESTATES RD		
CITY-ST-ZIP	JACKSONVILLE FL 32223		

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALERICK BEAMAN		
STREET ADDRESS	11709 MAGNOLIA ESTATES RD		
CITY-ST-ZIP	JACKSONVILLE FL 32223		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 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: Martin Chafetz MARTIN CHAFETZ 1/17/05 (904) 810-4677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #