FILED May 12, 2003 8:00 am Secretary of State 04-23-2003 90114 032 ****61.25

 FOR-PROFIT BUSINESS	
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SMOKE-FREE JACKSONVILLE COALITION, INC.							04-23-2003	90114	132	01.23	
Principal Pla 900 UNIVERS JACKSONVILLE		38	900 UNI	Address VERSITY BLYD. NVILLE FL 32211		-					-
2. Principal	Place of Busin	ness	3. Mailir	g Address							
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>			CHECK HERE IF	F MAKING (HANGES	3		
City & Sta	City & State City & State		& State	<u> </u>		4. FEI Number 59-3533927			Applied For Not Applicable		
Zip	 -	Country	Zip		Country		5. Certificate of	Status Desired		8.75 Ad se Requin	lditional
	6. Name	and Address of Current	t Registered	Agent		८,७० सर कुर व	7. Name and A	dress of New Re			
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	CLAY B	R., STE. 2600			Street A	Address (F	P.O. Box Number is				
JACKSO	INVILLE FL	32202		× 3			<u> </u>				
					City		 ,		FL	Zip Coo	de
	itions of regist	y submits this statement for tered agent.	or the purpos	e of changing its	registered office o	r registere	ed agent, or both, i	n the State of Flori	da. I am far	niliar with,	and accept
SIGNATURE	<u> </u>	<u> </u>					<u></u>				<u> </u>
•	Signature, typed	Inega beretziger to eman batring	and title if applica	TOTAL	· On adaptored Automa element				DATE		
<u>.</u>					: Registered Agent signs	TOLO LOCINISTO.	when reinstating)				
	FILE NOW	7: FEE IS \$61.25		9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		e Check I		
	3	7: FEE IS \$61.25		9. Election Cam	paign Financing ontribution.		\$5.00 May Be Added to Fees	Florida	e Check I Departm	ent of	State
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so not qualify for the exemption stated in Section 119.07(3)(I), FlorIda Statutes. I further certify that the information strate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director gue this report as required by Chapter 617, FlorIda Statutes; and that my name appears in Block 10 or Block 11 if like/empowered.

QD4

4-21-03

29-0875 indicated on this report or sup of the corporation or the receiv changed, or on an attachment

SIGNATURE: