FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE  2. Principal Parce of Business 2. Principal Parce of Business 3. Major Acadess U.S. A. State  2. Principal Parce of Business 3. Major Acadess U.S. A. State 3.	UNIFORM BUSINESS REPORT (UBR)					
DO NOT WRITE IN THIS SPACE  2. Principal Place of Business  1. U.S. P. D. NOT WRITE IN THIS SPACE  2. Principal Place of Business  1. U.S. P. D. NOT WRITE IN THIS SPACE  2. Principal Place of Business  1. U.S. P. D. NOT WRITE IN THIS SPACE  2. Principal Place of Business  1. U.S. P. D. NOT WRITE IN THIS SPACE  2. Principal Place of Business  2. D. NOT WRITE IN THIS SPACE  2. Principal Place of Business  3. Mailing Address  4. FEI Number  3. Mailing Address  4. FEI Number  4. FEI Number  4. FEI Number  5. Country  5. Country  6. Conflictor of Status Desired  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  7. Name and Address of Current Registered Agent  8. The above ramed only submits this sinterment for the purpose of changing in registered office or registered agent, or business in Policy Status  8. The above ramed only submits this sinterment for the purpose of changing in registered office or registered agent, or business in Policy Status  8. The above ramed only submits this sinterment for the purpose of changing in registered office or registered agent, or business in Policy Status  8. The above ramed only submits this sinterment for the purpose of changing in registered office or registered agent, or business in Policy Status  8. The above ramed only submits this sinterment for the purpose of changing in registered office or registered agent or business in Policy Status  8. The above ramed only submits this sinterment for the purpose of changing in registered office or registered agent  1. The above ramed on adent or departed agent or the accounts in the purpose of changing in registered office or registered office or registered agent  1. The above ramed on the purpose of changing in registered office or registered agent  1. The above ramed on the purpose of changing in registered office or				; FILED		
DO NOT WRITE IN THIS SPACE  2. Principal Place of Durings and State Place State And State Place State And State Place State And State Place State And State And	JAY JACKSON'S CARPET LEADING			•		
2. Principal Place of Business    U.S.A. political Process   U.S.A. politic		*				
Suits Apt #, etc.  City & State  City & State  City & State  City & State  Country  Suits Applied For  INC. Applied For	DO NOT WRITE IN THIS SPACE			TALLAHASSEE, FLORIDA		
Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  Thu phases   Part		1 / " .	1			
The Athers of Louring 20 3/3   State Park 20 20 20 20 20 20 20 20 20 20 20 20 20				. DO NOT WRITE IN THIS SPACE		
Second control   Seco	City & State City & State Tay 1 a HASSEF FIA That			H		
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.  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.  SIGNATURE  Signatur, hoped or primed name of registered agent and set a application.  1. 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  Signatur, hoped or primed name of registered agent and set a application.  1. 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  Signatur, hoped or primed name of registered agent and set a spit office.  SIGNATURE  Signatur, hoped or primed name of registered agent	Zip Country	Zip 327/4		i i	\$8.75 Additional	
DO NOT WRITE IN THIS SPACE  Street Address (P.O. Dox Number is Not Acceptable).  City FL Stree	7. 1			7. Name and Address of Current Regis	,	
IN THIS SPACE  City HALLSSE FL 323/2  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.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  After May 1 Fee is \$150.00  After May 1, Fee is \$550.00 May Be Added to Fees  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. DIRECTOR DIRECTOR AND DIRECTORS  17. OFFICERS AND DIRECTORS  18. OFFICERS AND DIRECTORS  19. OFFICERS AND DIRECTORS  10. Election Campaign Financing  10. Election Ca	DO NOT WRITE					
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.  SIGNATURE    Signature   Signat				ddress (P.O. Box Number is Not Acceptable),		
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.  SIGNATURE  Signature  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See orteria on back)  11. OFFICERS AND DIRECTORS  TITLE  NAME STREET ADDRESS  CITY-ST-2P  TODD WASTE  TODD WASTE  TODD WASTE  TODD WASTE  TODD WASTE  TODD WASTE  TOTAL STATE  TOT	IN THIS SPACE					
SIGNATURE  Signature, typed or printed name of registered agent and tate if applicable.  (NOTE Registered Agent signature required when rendating)  DATE:  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so (See criteria on back)  TAY IN OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Election Campaign Financing  17. Election Campaign Financing  18. Added to Fees  19. Added to Fees  19						
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  After May 1, Fee is \$150.00 After May 1	/ · · //· · · · · · · · · · · · · · · ·					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  11. Election Campaign Financing  11. Clection Campaign Financing  11. OFFICERS AND DIRECTORS  11. OF	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE:					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TODD WATE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filling requirement and elects to do so.  After May 1, Fee is Amended UBR is			10. Election Campaign Financing Trust Fund Contribution.		
NAME SIREET ADDRESS CITY-ST-ZIP  TALL, FL 323/2  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TALL, FL 323/2  TITLE  TALL, FL 323/2  TALL, FL 323/2  TITLE  TALL, FL 323/2  TALL, FL 323/2  TITLE  TITLE  TALL, FL 323/2  TITLE  TITLE  TALL, FL 323/2  TITLE  TA	·	DIRECTORS	****			
STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TODD WATTE  THUE  NAME STREET ADDRESS CITY-ST-ZIP  TOLE  NAME STREET ADDRESS CITY-ST-ZIP  TOLE  NAME STREET ADDRESS CITY-ST-ZIP					·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TODD WATE THE NAME STREET ADDRESS CITY-ST-ZIP TODD WATE TALL, FL 32301 TITLE NAME STREET ADDRESS CITY-ST-ZIP TODD WATE TALL, FL 32301 TITLE NAME STREET ADDRESS CITY-ST-ZIP TODD WATE THE NAME STREET ADDRESS CITY-ST-ZIP TODD WATE THE NAME STREET ADDRESS CITY-ST-ZIP TODD WATE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 11059 FOLKSTONE RO	}		<b>300036049</b> 05/11/0401031014	383 * **150.00	
STREET ADDRESS CITY-ST-ZIP  TITLE TODD WATE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TODO WATE	1 7 3	<u> </u>	P			
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 1129 FILLY STREET RD	•	<b>.</b>	*	9713	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP TALL, FL 323/2	1874	CITY-ST-ZIP		8/18 8	
STREET ADDRESS CITY-ST-ZIP  TALL, FL 32301  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TO STEINMETT TO STEIN			i.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 1 905 WEETHAVEN DR		STREET ADDRESS	DO NOT WRITE		
NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	WIFE D TALL, FL 32301		<u> </u>			
NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	NAME DANED STEINMETT		NAME	IN THIS SPACE		
NAME  STREET ADDRESS  CITY-ST-ZIP  THE  NAME  STREET ADDRESS  CITY-ST-ZIP	CITY-ST-ZIP TOUL, FL 32307				·	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1000		<b>₽</b> . 1			
	STREET ADDRESS		B 1.		}	
TITLE TITLE			CITY-ST-ZIP			
NAME NAME						
STREET ADDRESS STREET ADDRESS	STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP  CITY-ST-ZIP  13. 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		this filing does not qualify for the	<b>I</b>	Section 119.07(3)(i) Florida Statutes Uturthe	r 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: \_