2003 UBR

DOCUMENT # P00000017332

Entity Name

HE LAST JOURNEY, INC.

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90477 039 ***150.00

20005410

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
05 VALE ORCHARD LANE CKSONVILLE FL 32207	1105 VALE ORCHARD LANE JACKSONVILLE FL 32207

Principal Place of Business		3. Mailing Address	
2122 County Rd 229 No.		12122 County Rd 229 No	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sanderson Fla.		City & State: Sanderson Fla.	
Zip: 32087	County: Baker	Zip: 32087	Country: Baker

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMSTRONG, WILLIAM R
1105 VALE ORCHARD LANE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARMSTRONG, WILLIAM R 1105 VALE ORCHARD LANE JACKSONVILLE FL 32207 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William R Armstrong 1-5-03 904 275 2721 ~~904 737 5044~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #