4/17

2001 UNIFORM BUSINESS REPORT (UBR)

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WALKER, JAMES V 217 PONTE VEDRA PARK DRIVE SUITE 200 PONTE VEDRA BEACH FL 32082 City FL Zip Code SIGNATURE Signara, sped or prima name of registered agent, or both, in the State of Rorida. SIGNATURE 9. This corporation is eligible to satisfy its intamplile Tax filling requirement and elicits to do so. (See criteria or back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. SIRRETADORSS 14. SEedion Campaign Financing Trust Fund Contribution. SSON May Ge Added to Fees Added to Fees Added to Fees TITLE MOSKOWITZ, ROBERT 13. OFFICERS AND DIRECTORS 14. SEET ADDRESS 15. OF SIRRETADORSS 15. OFFICERS AND DIRECTORS IN 11 THE MOSKOWITZ, PAULINE 15. SIRRETADORSS 15. OFFICERS AND DIRECTORS 16. SIRRETADORSS 17.	Zip	Country	Zip	Country		5. Certificate of Status De				:
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SUTTE 200 POINTE VEDRA BEACH FL 32082 City FL Zip Code 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. SIGNATURE Specien, typed or primed name of registered agent and stick it agolicable. (HOTE Registered Agent, provided in the State of Florida.) SIGNATURE Specien, typed or primed name of registered agent and stick it agolicable. (HOTE Registered Agent, or both, in the State of Florida. SIGNATURE Specien, typed or primed name of registered agent and stick it agolicable. (HOTE Registered Agent, or both, in the State of Florida. SIGNATURE Specien, typed or primed name of registered agent and stick it agolicable. (HOTE Registered Agent, or both, in the State of Florida. SIGNATURE Specien, typed or primed name of registered agent and stick it agolicable. (HOTE Registered Agent, or both, in the State of Florida. SIGNATURE Specien, typed or primed name of registered agent and stick it agolicable. (HOTE Registered Agent, or both, in the State of Florida. In the corporation is eligible to satisfy its Intang blie After the State and the registered agent, or both, in the State of Florida. In the corporation is eligible to satisfy its Intang blie After the State and the registered agent, or both, in the State of Florida. In the corporation is eligible to satisfy as Intang blie Agent and the state of Florida. In the corporation is eligible to active and the ledge to the state agent and the state of Florida. In the corporation is eligible to active and the ledge to the state agent and the state of Florida. In the corporation is eligible to active and the ledge to the state agent and the state and the registered agent, or both, in the State of Florida. In the corporation is eligible to active and the ledge to the state agent and the state and the registered agent, or both, in the State of Florida. In the corporation is eligible to active and the ledge to the state agent and the sta					reet Address (P	O. Box Number is Not Acc	eptable)		· · · · · · · · · · · · · · · · · · ·	-
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, type of primed name of registered agent and little it applicable. PATE	SUTT	E 200					, v v	_		
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13. I hereby certify that the information supplied with this filing does not quality 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 frue 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 of 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 active is, with all other life empowered.		portify that the inferroation conclined with	this filing does not qualify for			Non 110 07(2)/0 Canada C	Material Liveb	۰ ، الد عبر طور .		