24 Apr 02 (904) 276-3183

2002 UNIFORM BUSINESS REPORT (UBR)

200	2 UNIFORM BUS	SINESS REPO	ORT (UBR)	5/1	FIL Jun 03, 20	02 8:00 a	
DOCL	JMENT # P000	00049630	3 7		•	y of State	
1. Entity Nati					05-17-2002 9002	29 032 ***150.00	
Principal Place of Business Mailing Address 1395 PAWNEE ST 1395 PAWNEE ST ORANGE PARK FL 32065 ORANGE PARK FL			5	91235			
2. Principal	Place of Business	3. Mailing Address P.O. Box 6.	5422				
Suite, Apt. #, etc. Suite, Apt. (DO NOT WRITE IN THIS SPACE			SPACE	
City & Sta	ate	City & State ORANGE PA	RK, FL	4. FEI Number	59-3649494	Applied For Not Applicable	
Zip	Country	32065	CLAY	5. Certificate of		\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and A	idress of New Registered	\gent .	
	/s, j. mark		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
ORANGE PARK FL 32065			City	City FL Zip Code			
9. This corp Tax filing	Signature, typed or printed name of registered agent coration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	E: Registered Agent signature requirements of Section 11.1 FEE IS \$150.00 102 Fee will be \$550.00 103 to Department of Section 11.1 FEE IS \$150.00	10. Election	on Campaign Financing Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND	DIRECTORS FOR 3	12.	ADDITIONS/CH	IANGES TO OFFICERS AND		_
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	ANDREWS, J. MARK - Pres 1395 PAWNEE ST ORANGE PARK FL 32065	ident Delete	NAME STREET ADDRESS CITY-ST-ZIP			'1 8	E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARVER, H. VERNON 310 WHISPERING WOODS DR ORANGE PARK FL 32073	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	CRZEO
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	ANDREWS, BETTY 1395 PAWNEE ST. ORANGE PARK, FL	D. Delete - Vice President 32065	TITLE NAME = STREET ADDRESS - CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	eru surv) Transcription magerial in a membrane and	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 1 7 6	n of median C	☐ Change ☐ Addition	
indicated	certify that the information supplied with I on this report or supplemental report is rooration or the receiver or trustee emo	this lifting does not qualify for thrue and accurate and that make the control of the control o	the exemption stated in S ny signature shall have the as required by Chapter 50	iection 119.07(3)(i)-F same legal effect as t7. Florida Statutes: si	orida Statutes: I further certif if made under oath; that I are	y that the information " n an officer or director	