FILED Jan 22, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

P00000060988

1. Entity Nam			01-22-2003 9	90139 023 ***150	.00		
ar 2 dox 88 Bryceville 1 HAY	EN'T MOYEO PO Place of Business DTIS RD	Mailing Address -RR 2 BOX 800 -BRYCEVILLE FL 32009 OST OFFICE OF ADD 3. Mailing Address Suite, Apt. #, etc.	CHANGE ORESS OX 70				
		Odio, 7 pt. ii, cid.			ADOK		
AX Stat	FL	State P	-L		4. FEI Number 59-3652277		oplied For ot Applicable
3222	O Duval	32220	Country	al	5. Certificate of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Re	gistered Agent	
NEWBY, I	MARK F	هود د خو د سا	- Name				·
RR-2-BOX	Street	Street Address (P.O. Box Number is Not Acceptable)					
· ·	LE FL-32009						
			City	KA.C	Ksonville	FI ZDC9d	~~~~
8 The above	named entity submits this statement f	for the purpose of changing its	s registered office			ida Lam familiar with	and accept
	tions of egistered agent.	IST ADDRES	SPLEA	FS"	agent, or both, in the otate of the	1 -1 0	and dooop.
SIGNATURE .	Well The	_ DEBLA	VEWBY		√P 1	115/03	
	Signature, typed or printed name of registered agen	at all d title if applicable. (NOT	E: Registered Agent sign	ature required	when reinstating)	DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				9. Election Campaign Fina Trust Fund Contribution	~ _ +	0 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR:	S IN 11
TITLE	P PARTY	☐ Delete	TITLE	P	101 MARK	Change	Adoition
name Street address	NEWSBY, MARK RR 2 BOX 880	Please	NAME STREET ADDRESS	NEW	OBY MARK	IX Corre	2C+100
CITY-ST-ZIP	BRYCEVILLE FL 32009	Correct	CITY-ST-ZIP	TAC	KSONVILLE FL	32220	
TITLE	VP	O Delete	TITLE	110		☐ Change	Addition
NAME	NEWSBY, DEBRA	Please	NAME	NIEL	UBY, DEBRA	Dr Corn	ection
STREET ADDRESS CITY-ST-ZIP	RR 2 BOX 880 BRYCEVILLE FL 32009	Correct	STREET ADDRESS CITY-ST-ZIP	121	CKSONVILLE FL	22770	
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TITLE NAME :		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP				
12. I hereby o	pertify that the information supplied wit on this report or supplemental report	th this filling does not qualify for	or the exemption st	tated in Se	ction 119.07(3)(i), Florida Statutes. I	further certify that the in	nformation or director
of the cor	poration or the receiver or trustee emp or on an attachment with an address.	powered to execute this report	as required by Cl	napter 607.	, Florida Statutes; and that my name	appears in Block 10 or 904 266	Block 11 if
- 3	// / //	12 1/1	174	WH	(VP)I	שושו דעוד	7100