

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90131 044 ***150.00

DOCUMENT # P000000 61160
1. Entity Name 644 CESERY CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>50 N LAURA ST</u> Suite, Apt. #, etc. <u>SUITE 2150</u>		3. Mailing Address <u>P.O. Box 551018</u> Suite, Apt. #, etc.	
City & State <u>JACKSONVILLE, FL</u>		City & State <u>JACKSONVILLE, FL</u>	
Zip <u>32202</u>	Country <u>USA</u>	Zip <u>32255</u>	Country <u>USA</u>

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4. FEI Number <u>59-3653732</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name AKERMAN SENTER FITT-MOTOLAW, INC.
Street Address (P.O. Box Number is Not Acceptable)
50 N. LAURA ST
SUITE 2150
City JACKSONVILLE FL Zip Code 32202

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DAVID E. GONZALES, PRES</u> <u>8016 ACORN RIDGE RD.</u> <u>JACKSONVILLE, FL 32256</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Mary F. Gonzales</u> <u>8016 Acorn Ridge Rd</u> <u>JACKSONVILLE, FL 32255</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>Mary F. Gonzales</u> <u>8016 Acorn Ridge Rd</u> <u>Jacksonville, FL 32255</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>David E Gonzales</u> <u>8016 Acorn Ridge Rd</u> <u>Jacksonville, FL 32255</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: Mary F. Gonzales 4/24/02 9042968623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)