Principal Place of Business Mailing Address 769-6 BLANDING BOULEVARD ORAND PARK FL 32065 Mailing Address 769-6 BLANDING BOULEVARD ORAND PARK FL 32065													
2. Principal F 500 Pa Suite, Apt.	almet-		3. Mailing Address 500 Palm Suite, Apt. #, etc.	Palmetto Avenue			I 100 1100 111 00111 00111 00111 00111 00111 00110 01100 (1110 11100 11100 11100 11100 11100 11100 11100 11100 DO NOT WRITE IN THIS SPACE						
Conto, Apt. #, etc.									DO NOT WHI	IE IIV IHIS S	PACE		
	Cove Sp	ring	s, Fc		Green Cove Springs, FC			4 . F	65-1026281		No	oplied For ot Applicable	
32043 Country USA			32043	32083 USA			5. C	Certificate of Status Desired		\$8.75 Add Fee Require			
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent					
HALL, GEORGE H ESQ							Name Randi L. Hr// Street Address (P.O. Box Number is Not Acceptable)						
1919 BLANDING BLVD SUITE 5						504 Palmetto Avenue City Green Cove Springs FL Zip Code 32 083							
JACKSONVILLE FL 32210							veen	C	ove Springs	FL	Zip Cod	20 43	
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 of	r printed	name of registered agent a	and title if applicable.	(NOTE: Reg	istered Agent signatu	re required wi	hen rei		DATE	-		
•	satisfy its Intangible cts to do so.		EE IS \$150.0 ee will be \$5 o Department	50.00		10. Election Campaign Fin Trust Fund Contributio	· · -		May Be to Fees				
11.			OFFICERS AND I	DIRECTORS		12.		ADI	L DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP	PSTD HILL, RANI 769-6 BLAI ORAND PA	NDIN	G BOULEVARD L 32065	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	501 Gree	Pa 'n (almetto Aveni Cove Springs, FL		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition .	

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 (8/2001

A Hach went p 10000006 32/0 bre. ## \$ 10000006 32/0 676352

Randi L. Hill, President Randi L. Hill & Associates, Inc. 50 Palmetto Avenue Green Cove Springs, FL 320 July 28, 2002

Division of Corporation Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

I am enclosing my 2002 Uniform Business Report with a check for \$150.00.

I apologize for the late filing but unfortunately, the form was going to my former address. Apparently, for whatever reason, this piece of mail was not forwarded to my new address in a timely manner.

I have correct my address on the enclosed 2002 Uniform Business Report filing.

Again, you have my sincerest apologies for the delay. This will not occur again in the future. I humbly request the abatement of any penalties during the delay from the mails.

Thank you for your assistance. I can be reached at 904-276-6040 if I can be of further assistance with this or other matters.

Sincerely,

Randi L. Hill President

Enclosures

Check for \$150.00 2002 Uniform Business Report