

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0042288 AV

DOCUMENT # P00000079708	
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04-28-2003 91282 032 ***150.00

Principal Place of Business 2275 ATLANTIC BLVD. STE 200 NEPTUNE BEACH FL 32266	Mailing Address 2275 ATLANTIC BLVD. STE 200 NEPTUNE BEACH FL 32266
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11023169



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 330108	
City & State		City & State	
Atlantic Beach, Florida		Atlantic Beach, Florida	
Zip	Country	Zip	Country
32233-0108		Duval	

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3666236		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SORRELL, MARY C ESQ 2275 ATLANTIC BLVD, STE 200 NEPTUNE BEACH FL 32266		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

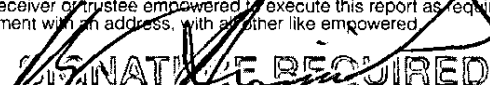
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HIONIDES, CHRIS 2275 ATLANTIC BLVD, STE 200 NEPTUNE BEACH FL 32266 ☐ 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
Date: 4/22/03 Daytime Phone #: (904) 241-1501

CR2E034 (10/02)