FILED eb 19, 2003 8:00 am Secretary of State 02-19-2003 90013 043 ***150.00

3252 RICKY	ncipal Place of Business 52 RICKY DRIVE P.O. BOX 7576 CKSONVILLE FL 32233 JACKSONVILLE FL 32238-0576				: [][1818) 1818) 31187 1818	
2. Principal Place of Business 3. Mailing Address 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES		
City & Star	Sonville FL	City & State	& State		59-3686924		oplied For
32218 Duval		Zip Country		5.	5. Certificate of Status Desired S8.75 Addition Fee Required		ditional
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Register	ed Agent	
HEDMAN	DETED		Name		•		1
HERMAN,	, FEIER 118TH ST. #134		Street Address		(P.O. Box Number is Not Acceptable)		
	WILLE FL 32244						
57,01,001	**************************************						.,.
			City		-	Zip Cod	1
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
After Make Check	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of \$	State			Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be
10. TITLE	OFFICERS AND D		11.	AE	DDITIONS/CHANGES TO OFFICERS A		3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	HERMAN, PETER M 5515 W. 118TH ST #134 JACKSONVILLE FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3520 JACKS	BESSENT RO	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		شا سافانسن در استیکان ۱۰۰۰ سال مورد ۱۰۰۰ ۱۰۰۰ تنا	○ □ 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	ertify that the information supplied with this or this report or supplemental report is true.	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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 all other like empowered.

SIGNATURE: