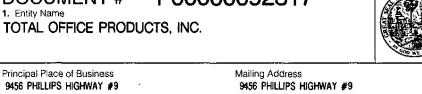
FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90967 028 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000092317 DOCUMENT #



	e of Business S HIGHWAY #9 E FL 32256	Mailing Address 9456 PHILLIPS HIGHWAY JACKSONVILLE FL 32256	PHILLIPS HIGHWAY #9			11UELEES			
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State			4.	4. FEI Number 59-3675084 Applied Fo Not Applied			plied For ot Applicable
Zip	Country	Zip	Coun	try	5.	5. Certificate of Status Desired Fee			ditional d
_	6. Name and Address of Currer	t Registered Agent	i, -, -,	7. Name and Address of New Registered Agent					
				Name					
	BRAHAM RIETER & MCCORMICK	K, P.A.	A. Street Addres			s (P.O. Box Number is Not Acceptable)			
50 NORTH LAURA STREET SUITE 2750							<u></u>		
JACKSONVILLE FL 32202				City			F	L Zip Code	e
SIGNATURE .	Signature, typed or printed name of registered age LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department)	E: Registered	d Agent signatur	e required wher	9. Election Campaign F Trust Fund Contribut		\$5.0	O May Be to Fees
, 10.	OFFICERS AN	D DIRECTORS	11.			ADDITIONS/CHANGES TO OI	FICERS AN	ND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D Delete DOEHNE, LARRY C 9456 PHILLIPS HIGHWAY #9							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	Delete Delete			المحاور الماد	error o lingues sec		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE	*****	☐ Delete	TITLE					☐ 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

904-260-0911

Change

Addition