2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9951 ATLANTIC BLVD. STE 1008

JACKSONVILLE FL 32225

3. Mailing Address

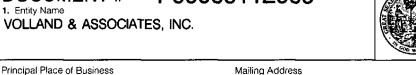
P00000112009 DOCUMENT #

SIGNATURE

9951 ATLANTIC BLVD, STE 100B

JACKSONVILLE FL 32225

2. Principal Place of Business





FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90442 012 ***150.00

TIAATAAA



Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3685619			Applied For	
						33 00000 10		Not Applicable	
Zip	Country	Zip	Country		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					
VOLLAND, MICH	FILE	Name Street Address (P.O. Box Number is Not Acceptable)							
9951 ATLANTIC									
JACKSONVILLE	FL 32225								
				City			FL	Zip Code	
. The above named the obligations of re	entity submits this stateme egistered agent.	nt for the purpose of char	nging its register	ed office or registe	ered agent, or both,	in the State of Flori	da. I am	familiar with, and accept	

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

DATE

\$5.00 May Be

After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLLAND, MICHELLE 9951 ATLANTIC BLVD, STE 100B JACKSONVILLE FL 32225	☐ 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		☐ 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
NAME STREET ADDRESS CITY-ST-ZIP		Oelete Delete	TITLE ' NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling indicated on this report or supplemental reports true and of the corporation or the receiver or true empowered to exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

SIGNATURE: