2002 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan ANJON, I	me	001918		Secretary of State 02-26-2002 90107 007 ***150.00	1
Principal Place of Business 4801 DAWIN ROAD JACKSONVILLE FL 32207		Mailing Address 4801 DAWIN ROAD JACKSONVILLE FL 32207			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 3694910 Applied For Not Applicable	le
Zip	Country		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
**	6Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New Registered Agent	\dashv
HOWARD A. CAPLAN, ATTORNEY, P.A. 3900 ATLANTIC BLVD JACKSONVILLE FL 32207				s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	\dashv
8. The above	named entity submits this statement for the	ne purpose of changing its reg	jistered office or registe	tered agent, or both, in the State of Florida.	\dashv
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signature require	red when reinstating) DATE	
Tax filing :	oration is eligible to satisfy its Intangible requirement and elects to do so.	1	FEE IS \$150.00 Fee will be \$550.00 to Department of St	I Trust Fund Contribution I I Added to Hook	
11.	OFFICERS AND DI		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	コ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPIK, JOHN 4801 DAWIN ROAD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNAPIK, JANICE 4801 DAWIN ROAD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio	'n
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carrier Co. Carrie	- ☐ Delete- ·—	TITLE- NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	n
indicated of the cor	on this report of supplemental report is tru	ie and accurate and that my s red to execute this report as i	sionature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

JANICE KNAPII

2/8/03

904-730-9373

Daytime Phone # × 22