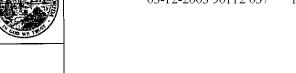
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000005589 DOCUMENT

1. Entity Name

SAWYER PROPERTY MANAGEMENT, INC.





Principal Place 8160 BAYMEAI JACKSONVILLE	DOWS WAY W. STE 120	P.O. BOX 550	Mailing Address P.O. BOX 550658 JACKSONVILLE FL 32255							
2. Principal Pl	ace of Business	3. Mailing Add	3. Mailing Address			{	881 881 Bāir ā i	(B) 0)101 1		
Suite, Apt.	¥, etc.	Suite, Apt. #	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State	,	City & State	City & State			59-3708927 Not Ap			olied For Applicable	
Zip	Country	Zip	Cou	ıntry		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
	I ALLIAN EO	Name								
SAWYER, J CHARLES			Street Address			(P.O. Box Number is Not Acceptable)				
.8160 BAYMEADOWS WAY W, STE 120 JACKSONVILLE FL 32256										
8. The above named entity submits this statement for the purpose of changing its regist				City				ip Code		
	named entity submits this statemen ons of registered agent.	t for the purpose of c	hanging its registe	ered office or regi	stered agent, or b	ooth, in the State of Flori	ida. I am familia	ar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registe	ered Agent signature req	uired when reinstating)		DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department			1	Election Campaign Fina Trust Fund Contribution.			May Be to Fees		
10.		ND DIRECTORS	11	1.	ADDITION	IS/CHANGES TO OFFIC	CERS AND DIRE	CTORS	SIN 11	_ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, J CHARLES 8160 BAYMEADOWS WAY W, JACKSONVILLE FL 32256		N/	TLE AME FREET ADDRESS TY-ST-ZIP				Change	☐ Addition	E024 (40/02)
TITLE NAME STREET AODRESS CITY-ST-ZIP	ONO CONTRACT L'OLLO		N/ ST	TLE , AME IREET ADDRESS ITY-ST-ZIP	-			Change	☐ Addition	200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	a (Sacre 1917)		SI SI	TLE AME TREET ADDRESS ITY-ST-ZIP	#E.P. 1 .			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N/	TLE AME TREET ADDRESS ITY-ST-ZIP				Change	☐ Addition	
THTLE NAME STREET ADDRESS CITY-ST-ZIP			N.	ITLE AME TREET ADDRESS ITY-ST-ZIP				Change	. Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N. S	ITLE AME TREET ADDRESS ITY-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 all other like empowered.

Daytime Phone #