2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

200	2 UNIFORM BUS	R)	FILED Mar 10, 2002 8:00 am						
DOCU 1. Entity Nat TEK PRO		7		ecretary 1-29-2002 9006					
Principal Pla 170-H COLLE ORANGE PAI		Mailing Address 170-H COLLEGE DR CRANGE PARK FL 32065			<u> </u>	 Hain ennh beni 8811 8811 8816		4 5148 6 44 1884	
2. Principal	Place of Business	3. Mailing Address		<u> </u>			<i>Haia ilaha</i> ahi		
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City & State	City & State			834		pplied For ot Applicable	}
Zip Country		Zip	Country		5. Certificale of Status	¢0.75			
	6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registered A	gent		ĺ
LINTON	IAMES EDIC		Name		&				
LINTON, JAMES ERIC 170-H COLLEGE DR ORANGE PARK FL 32065			Street	Address (P.	O. Box Number is Not A	cceptable)			
*/			City	City FL Zip Code					
8. The above	a named entity submits this statement fo	r the purpose of changing its r	egistered office	or registered	d agent, or both, in the S	State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent	and title it applicable. (NOTE:	Registered Agent sign	Sture required w	han reinstrand	DATE			
9. This corp Tax filing (See crite	FEE IS \$150 Fee will be 1 to Departme).00 550.00	10. Election Carr	npaign Financing		May Be			
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINTON, JAMES ERIC 170-H COLLEGE DR ORANGE PARK FL 32065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	170-	on, James Eri H College Dri ge Park, FL	ic: ive	₹© Change	☐ Addition	2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, THOMAS A 170-H COLLEGE DR ORANGE PARK FL 32065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST May, 170-	Thomas A. H College Dri ge Park, FL	<u></u>	Change	☐ Addition	CR2
TITLE NAME	D Ward, Keith R	☐ Delete	TITLE NAME		, Keith R.		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	170-H COLLEGE DR ORANGE PARK FL 32065		STREET ADDRESS CITY-ST-ZIP		H-College=Dri ge Park, FL	.ve 32065			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE	-			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		. ·	·	1		
TITLE NAME	·-	Delete	TITLE NAME		,		Change	Addition	
STREET ADDRESS CITY-SY-ZIP			STREET ADDRESS CITY-ST-ZIP				<i>r</i>		
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachming with an address w	true and accurate and that my wered to execute this report as	he exemption start signature shall s required by Ch	ated in Secti have the sar apter 607, F	on 119.07(3)(i), Florida S me legal effect as if mad Florida Statutes; and that	Statutes. I further certi e under oath; that I ar my name appears in	fy that the in n an officer Block 11 or	formation or director Block 12 if	

1/10/2002

(904) 272-0272