FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

و د وحوی

FILED May 14, 2002 8:00 am Secretary of State

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2. Principal Place 9570 REG	ENCY SQUARE BLVD	3. Mailing Address	\$	ac (2)			
Suite, Apt. #, etc	- 1 - 1 0110-C 024D	Suite, Apt. #, etc.	သမ္မပန	HEE BLVD,	DO N	NOT WRITE IN THIS SPAC	≎E
City & State		_ City & State	·			TOT WAITE IN THIS SPAC	_c
JACKSONVII	LLE FLORIDA	JACKSONVILLE	FL	ORIDA	4. FEI Number 59-37369	137	Applied For Not Applicable
32225	Country	32225	Cour	itry SA *	5. Certificate of Status D	Desired \$8.	75 Additional
					7. Name and Address of		Required ent
DO NOT WRITE				L Name MAR	INUCCI AL	UTHONY F	-
			1,	Street Address (I	P.O. Box Number is Not Ac	ceptable)	
	IN THIS SP	ACE	4 - 4	9570	REGENCY .	SOUARE RI	-VD,
		and the second second	4		SONVILLE		
8. The above name	d entity submits this statement for t	the purpose of changing its	registere	ed office or registers	ad accept or both in the Civ	FL 3	192225
\ N	hou	ا نست	NO	CHAN		ite of Florida.	
SIGNATURE Signatur	e typed or printed rame of registered ageat and	d title if applicable. (NOTE	Registered	AME AS # Agent signature required to	$\forall \gamma \sim - \gamma \gamma$	25/200	<u>'2</u>
9. This corporation	is eligible to satisfy its Intangible	January 1 - Ma	av 1. Fe	e is \$150.00	when reinstating)	DATE	
Tax filing require (See criteria on b	ment and elects to do so.	After May 1	l. Fee is	\$550:00	10. Election Camp	aign Financing	\$5.00 May 8e
11.		Make Check Payabl	e to De	partment of State	Trust Fund Cor	ntribution.	Added to Fees
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NAME CE	NAC DWIGHT TO REGENCY SQU	LOPE RIVE	NAME	}} [100
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REET ADDRESS TY-ST-ZIP			STREET A				**
I hereby certify tha	t the information supplied with this	filing does not qualify for the	CITY-ST-		- 110 07(0.0)		<u></u>
indicated on this re of the corporation	the information supplied with this eport or supplemental report is true or the receiver or trustele empower address, with affother life empow	and accurate and that my street to execute this report as	signature s require	ion stated in Section shall have the samed by Chapter 607.	n 119.07(3)(i), Florida Statu le legal effect as if made un Florida Statuta	ites. I further certify that t ider oath; that I am an of	the information ficer or director
attacriment with an	address, with amother life en pow	/ered.	oquii 6	4			ck 11 or on an
IGNATURE:				APA	ric 25 200	12 9/14.	שור-זגר
		ED NAME OF SIGNING OFFICER OR D		.)	Dato	Daytime Phor	120 - 11W
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