2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100038342  1. Entity Name DJMB OF GAINESVILLE, INC.				Secretary of State 01-31-2003 90135 006 ***150.00		
Principal Place of Business 104 SOUTH MAIN STREET GAINESVILLE FL 32601  Mailing Address 104 SOUTH MAIN STREE GAINESVILLE FL 32601  GAINESVILLE FL 32601			EET			
2. Principal Place of Business		3. Mailing Address		1 (03)(07) 47) 86)(1) 170)) 50)(1) 60)(1) 60)(1) 60)(1) 60)	B(B) 14114 B(B) B (110) 1881	
SAM 6 Suite, Apt. #, etc.		SAUG Suite, Apt. #, etc.		<u> </u>		
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City & State Genesially FL		City & State Generalle		4. FEI Number 59-3715367	Applied For Not Applicable	
Zip 32.6	67 Country Alachra	Zip 32601	Country		.75 Additional	
74.	6. Name and Address of Current	Registered Agent	Machea	7. Name and Address of New Registered Ager	Required	
Name				V/A .		
DESILVA,	Marc M Th Main Street		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	LLE FL 32601		-			
W III I LOTT	LECT E GEOOT		City		Zip Code	
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida.						
the obligat	tions of registered agent.  Signature, typed or printed name of registered agent	ć	OTE: Registered Agent signature require	1/27/03.		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESILVA, MARC M 104 SOUTH MAIN STREET GAINESVILLE FL 32601	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVELLINO-DESILVA, JOANN 104 SOUTH MAIN STREET GAINESVILLE FL 32601	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	
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-2IP		Change	

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.

SIGNATURE:

352 222-6999