FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100040559 1. Entity Name A2 ENTERPRISES OF NORTH FLORIDA, INC.					Apr 30, 2002 8:00 am Secretary of State 04-30-2002 90162 031 ***150.00	
Principal Place of Business Mailing Address 2211 SOUTH FIRST STREET 2211 SOUTH FIRST STREET JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32						
2. Principal Place of Business		3. Mailing Address AVE N.			1 100)/1001 ()) 90101 (101) 001() 00 10 10 10 01 01 01	
Suite, Apt		Suite, Apt. # etc.	acksonvillesch FLOR		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4	4. FEI Number 59 - 37/435/ Applied For Not Applicat	
Zip	Country	32250	Country		5. Certificate of Status Desired Security Securi	
	6. Name and Address of Current R	egistered Agent	Nome	7.	7. Name and Address of New Registered Agent	
SELBY, ADRIAN A 2211 SOUTH FIRST STREET JACKSONVILLE BEACH FL 32250			Street A	Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code			
Tax filing ((See crite)	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After May 1, 200 Make Check Payab	le to Departmen	.00 550.00 nt of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
TITLE NAME. STREET ADDRESS OTY-ST-ZIP	PSTD SELBY, ADRIAN A 2211 SOUTH FIRST STREET JACKSONVILLE BEACH FL 32250	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SELBT 322	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Y, ADRIAN A 97A AUE N WOULE BEACH, FL 32250	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	TITLE V.P. NAME V.P. STREET ADDRESS CITY-ST-ZIP	TR:	SA HOIMES (50% SHARES) 9TH AUF N. SONVILLE BEALH, FL 32250	
TITLE NAME: STREET ADDRESS	سمي ويران داران داران ييكونسان داد يون	Delete	TITLE NAME		Change Addition	
CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE		☐ Change ☐ Additio	
IAME STREET ADDRESS SITY-ST-ZIP		in beat	NAME STREET ADDRESS CITY-ST-ZIP		Onlarige Audulin	
TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
ITLE IAME TREET ADDRESS	17,1	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
of the cor	pertify that the information supplied with the	nis filing does not qualify for the ue and accurate and that mered to execute this report a	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption state	ava tha cama		

GNATURE AND TYPED OR BAILTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: