

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90135 042 ***150.00

DOCUMENT # P01000050638
1. Entity Name SES OF JACKSONVILLE, INC.

DO NOT WRITE IN THIS SPACE

90045459

2. Principal Place of Business FL Suite, Apt. #, etc. 4043 BAYMEADOWS ROAD City & State JACKSONVILLE FL Zip 32217	3. Mailing Address 4043 BAYMEADOWS ROAD Suite, Apt. #, etc. SUITE C City & State JACKSONVILLE, FL Zip 32217 Country USA
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JIM LEHARD	
	Street Address (P.O. Box Number is Not Acceptable) 4043 BAYMEADOWS ROAD # C	
	JACKSONVILLE City FL Zip Code 32217	

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LENHARD, JIM 4043 BAYMEADOWS ROAD #C JACKSONVILLE, FL 32217	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOVE, JK 1020 MONTICELLO COURT #205 MONTGOMERY, AL 36117	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, PAUL 1020 MONTICELLO COURT #205 MONTGOMERY, AL 36117	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

J. K. Love

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-6-3

334 356 7827