## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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

						•/	of State	
DOCUMENT # P01000050638  1. Entity Name						03-10-2003 9013		
SES OF	JACKSONVILLE,	INC.	$\sqrt{}$	٠,				
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						0.004=4=	- ^	
						9004545	9	
	Place of Business	3. Mailing Address						
FL College	46 -4-	4043 BAYMEADOWS ROAD		)				
Suite, Apt. #, etc. 4043 BAYMEADOWS ROAD		Suite, Apt. #, etc. SUITE C				DO NOT WRITE IN THIS SPACE		
City & Stat		City & State			4.	FEI Number	Applied For	
JACKSO	NVILLE FL	JACKSONVILI	LE, I	FL	59	-3728448	Not Applicable	
Zip 32217	Country	Zip 32217	Country	у	5. (		\$8.75 Additional Fee Required	
<u> </u>	DO NOT WRITE IN T		ODA		7. Nan	ne and Address of Current Registered		
	DO NOT WINTE IN T	I IIO OI AOL		Name				
			<u> </u>	JIM LEHARD Street Address (P.O. Box Number is Not Acceptable)				
man and an article		•		4043	BAYME	EADOWS ROAD # C		
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		•		City	3ON V I I		Zip Code	
				FĹ		FL	32217	
	e named entity submits this stateme of the obligations of registered agent		ing its reç	jistered offic	e or register	red agent, or both, in the State of Florida	a. I am familiar with,	
CICMATURE								
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if applicat	ole. (N	NOTE: Registe	ered Agent sig	nature required when reinstating)	DATE	
	nuary 1 - May 1 Fee is \$150.00					O Floring Compaign Figureins	\$5.00 May Be	
	After May 1, Fee is \$550.00 Amended UBR is \$61.25	•				Election Campaign Financing     Trust Fund Contribution.	Added to Fees	
	Payable to Florida Department of	State						
10.	OFFICERS AND I	DIRECTORS						
TITLE	D TENTANDO TEM		TITLE					
NAME STREET ADDRESS	LENHARD, JIM  4043 BAYMEADOWS		NAME				13/0	
CITY - ST - ZIP	JACKSONVILLE, E	C DITALL #1	STRE	ET ANNRESS			(1)(0)	
TITLE	D			ET ADORESS - ST - ZIP	, .		GRAB (12)(C)	
				- ST - ZIP			D26034B (12)(03)	
NAME	LOVE, JK	<u>FL 32217</u>	CITY - TITLE NAME	- ST - ZIP			CB25034B (43,03)	
STREET ADDRESS	LOVE, JK 1020 MONTICELLO	COURT #205	CITY TITLE NAME STRE	- ST - ZIP				
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

334 356 7827

Daytime Phone #