## ON PROFIL GURPORATION · UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000050883

## **FILED** May 03, 2004 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE			94081306		
					2. Principal Place of Business 2322 Richard Lee Street Suite Agt. #. etc.
City & State	City & State		4. FEI Number	Applied For Not Applicable	
ORANGE PARK, FLORIDA	ORANGE PARK	Country	59-3722506	8.75 Additional	
32013 Country U.S. A.	32073	4.5.A.	5. Certificate of Status Desired	ee Required	
		Name A	7. Name and Address of Current Registered	Agent	
DO NOT WRITE		11	ATTY, JEST LUDWIG		
DO NOT WRITE		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SI	PACE		W. Ray		
	The second	City margin		Zip Code	
and a supplier to a companion to the companion of the com		UN JA	CITY JACKSONVILLE FL ZIPGOGO 256		
Signature: speed or printed name of registered age gift first corporation is eligible to satisfy its Intangib entrax filling requirement and elects to do so.	January 1 - Ma	Registered Agent signature require	-/ox/s	<u> </u>	
* ·	Amended	1, Fee is \$550.00   UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
## (See criteria on back)	Amended Make Check Payab	1. Fee is \$550.00	Trust Fund Contribution.		
### (See criteria on back)  114 OFFICERS AN	Amended	1, Fee is \$550.00   UBR is \$61.25	Trust Fund Contribution.		
OFFICERS AN  TITLE PRESIDENT  NAME LLOYD AMOR	Amended Make Check Payabl D DIRECTORS	1, Fee is \$550.00 LUBR is \$61.25 to Department of S	Trust Fund Contribution.		
OFFICERS AN OFFICERS AND O	Amended Make Check Payabl D DIRECTORS	1, Fee is \$550.00 LUBR is \$61.25 to Department of S TITLE NAME STREET ADDRESS	Trust Fund Contribution.		
ST (See criteria on back)  11:	Amended Make Chack Payabi D DIRECTORS  E STreet FL 32073	1. Fee is \$550.00 LUBR is \$51.25 is to Department of \$ TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.		
TILE SECRETARY - TREA	Amended Make Check Payabl D DIRECTORS	1, Fee is \$550.00 LUBR is \$61.25 to Department of S TITLE NAME STREET ADDRESS	Trust Fund Contribution.		
ST (See criteria on back)  11:	Make Chack Payabi D DIRECTORS  E STreet FL 32073	1. Fee is \$550.00 LUBR is \$51.25 is to Department of \$ TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.		
ST (See criteria on back)  113. T OFFICERS AN  TITLE PRESIDENT  NAME  LLOY D AMOR  STREET ADDRESS  CITY-ST-ZIP ORANGE PARK,  TITLE SECRETARY TREA  NAME BOULTA HMORE	Amended Make Chack Payabi D DIRECTORS  C Street FL 32073 ISUTET Lee Street	1. Fee is \$550.00 LUBR is \$61.25 In to Department of \$  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Trust Fund Contribution.		
STE (See criteria on back)  111: T OFFICERS AN  TITLE PRESIDENT  NAME STREET ADDRESS  2323 Richard Le  ORANGE PARK,  TITLE SIGNETARY TRIS  NAME STREET ADDRESS  2322 RICHARD  TITLE SIGNETARY TRIS  NAME STREET ADDRESS  2322 RICHARD	Amended Make Chack Payabi D DIRECTORS  C Street FL 32073 ISUTET Lee Street	1. Fee ie \$550.00 LUBR is \$51.25 ie to Department of \$  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Trust Fund Contribution.		
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STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

City-St-Zip

TITLE

NAME

CITY ST-ZIP

TITLE-VIII.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS I MICHIO WITCHIO WITCHIO AND WIND FOR PROCEEDING

<sup>13.</sup> I hereby certify that the information supplied with this filing does not quelify 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 11 or on an attachment with an address, with all other,like empowered.