
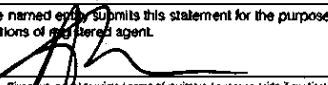
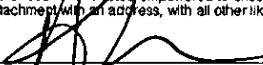


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000053563 1. Entity Name MCDOWELL MANAGEMENT, INC.		
Principal Place of Business 4221 MAGNOLIA ORANGE PARK, FL 32065		Mailing Address 4221 MAGNOLIA ORANGE PARK, FL 32065
2. Principal Place of Business 4451 HERSCHEL ST	3. Mailing Address 4451 HERSCHEL ST	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL
Zip 32210	Country ---	
4. FEI Number 59-3723625		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCDOWELL, MONTE G 4221 MAGNOLIA ORANGE PARK, FL 32065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4451 HERSCHEL ST City JACKSONVILLE FL Zip Code 32210
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 the listed agent. SIGNATURE:  DATE: _____ <small>(NOTE: Registered Agent's signature required when installing)</small>		
FILE NOW WITH FEES: \$150.00 For May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P	NAME MC DOWELL, MONTE G	TITLE _____
STREET ADDRESS 4221 MAGNOLIA	STREET ADDRESS ORANGE PARK, FL 32065	NAME _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____	STREET ADDRESS _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____	CITY-ST-ZIP _____
TITLE S	NAME ACORD, KEVAN D	TITLE _____
STREET ADDRESS 15700 COLLEGE BLVD. SUITE 100	STREET ADDRESS LENEXA, KS 682191373	NAME _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____	STREET ADDRESS _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____
STREET ADDRESS _____	STREET ADDRESS _____	NAME _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____	STREET ADDRESS _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____	CITY-ST-ZIP _____
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: 		816-421-4082 Daytime Phone #

CRE034 (10/02)