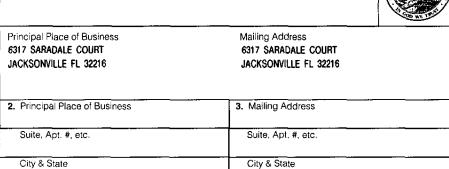
## Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90129 020 \*\*\*150.00

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

**DOCUMENT #** 





☐ CHECK HERE IF MAKING	G CHANGES
4. FEI Number	Applied For
59-3722604	Not Applicable

ZIP	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registe	red Agent	
LEMINE, CHERYL B 6317 SARADALE COURT		Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)			
	LE FL 32216		City		FL Zip Code	
. The above na	med entity submits this statem	ent for the ourgose of changing	a its registered office or regis	stered agent, or both, in the State of Florida. I	am familiar with, and ac-	

8.	The above named entity su	bmits this statement t	for the purpose of chang	ing its registered office	or registered agent, o	or both, in the State of	Florida. I am familiar	vith, and accept
	the obligations of registere	d agent.						

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Flotida Department of State

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

SIGNATURE

9.	Election Campaign Financing
	Trust Fund Contribution.

\$5.00 May Be Added to Fees

10 ւ	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEMINE, CHERYL B 6317 SARADALE COURT JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

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.

Officer 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 the corporation of the corporation or the receiver or trustee empowered.

Officer of the corporation of the corpo