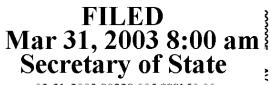
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P0100067877 DOCLIMENT



1. Entity Nam	ne	0007077				03-31-2003 9	-			
Principal Plac 112 PABLO P JACKSONVILL		Mailing Address 112 PABLO POINT DR JACKSONVILLE FL 32225				. 19411445 III 88181 II8II 88111 88111	18411 34 118 6 1116 1	68 b r (8 2)1 2	8811 1881 1 88 1	
2. Principal F	Place of Business	3. Mailing Address		n 14 - ar⊌ - 4 - 170 - 7	<u>-</u>					
968 N. St. Johns Bluff Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES				
City & Stat	SONVIILE	City & State			4.	FE! Number 59-3731488			plied For t Applicable	7
. 3 3 33.	Country 5 USA	Zip	Zip Coun			5. Certificate of Status Desired S8.75 Addition Fee Required]
	6. Name and Address of Current	Registered Agent				Name and Address of New Reg	istered Ager	nt]
SCOTT, J 1401 S 13 JACKSON		Street A	Address (P.O. Box Number is Not Acceptable) A Pahlo Point DC.							
8. The above the obligate SIGNATURE	named entity submits this statement folions of egister talkagen: Signature, typed or printed can be of registered agent in			ed office or	registered a	gent, or both, in the State of Floric		Zip Code 3 7 iar with,	1255	
, After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of					9. Election Campaign Finar Trust Fund Contribution.		Added	0 May Be to Fees	1
10.	OFFICERS AND		11.			DDITIONS/CHANGES TO OFFICE				ا ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JEAN T 1401 S 1ST STREET, UNIT E JACKSONVILLE BCH FL 32250	B Delete		AME SCO- TREET ADDRESS 112 4		Jean Tan blo Point Dr. Sonville, FL 3	_	Change	☐ Addition	20/0// /20/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		ET ADDRESS ST-ZIP	•	, .		Change	☐ Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	250 · · ·						Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i				Change	☐ Addition	
TITLE NAME STREET ADORESS		Defete	TITLE NAME STRE					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, ith an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

REQUIRED