2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** P01000084264

1. Entity Name

Principal Place of Business

924 US HWY. 17 NORTH

SUNBELT BUSINESS GROUP, INC.

Mailing Address

YULEE FL 32097

924 US HWY. 17 NORTH

YULEE FL 32097

FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90307 005 ***150.00



City State County Applied For PRICE, J. LEMONDE See Name and Address of Current Registered Agent City FL City FL City FL City FL Zip Code 8. The above named endry submits right statement for the purpose of changing its rog stered office or registered departs of registered agent; SignATURE Signature, yeard orphised office of registered agent; SignATURE Signature, yeard orphise of part and also fundacion. (NOTE Registered Apent agents agent and also fundacion. (NOTE Registered Apent agents agents agent and also fundacion. (NOTE Registered Apent agents agents agent and also fundacion. (NOTE Registered Apent agents agents agent agents agent and also fundacion. (NOTE Registered Apent agents agents agent agents agents. (NOTE Registered Apent agents agen	2. Principal P 924 Suite, Apt.	lace of Business U.S. Hwy 17 North #, etc.	3. Mailing Address 924 U.S. A. Suite, Apt. #, etc.	Hwy 17 North	<u> </u>	☐ CHECK HERE IF I	MAKING C	CHANGES			
Zop Nursian Sp. 75 Actional Sp. 75 Actio				<u></u>	4.	FEI Number 59-3740608		_ 	<u>'</u>	-	
PRICE, J. LEMONDE 924 US HWY. 17 NORTH YULEE FL 32097 City City FL Zip Code 8. The above named entity submits tigh statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent growth and state agent growth and state of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent growth and state of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent growth and state of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent growth and accept the obligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agent growth and accept the product of the product growth and accept growth and accept and accept growth accept growth and accept growth and accept growth accept growth accept growth accept growth a	Zip		Zip		5.	Certificate of Status Desired		8.75 Add	ditional	1	
Stroot Address (P.C. Box Number is Not Acceptable) Stroot Address (P.C. Box Number is Not Acceptable) Stroot Address (P.C. Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits tight statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and accept the politiquishors of registered agent, and time registered agent and time			egistered Agent		7.	Name and Address of New Regi	stered Ag	ent		1	
Signature Type Contribution Street Address (FLC) Solv Notification Not Acceptable City	a second									- -	
Signature, seed or princed patient of 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 registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered pagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered pagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered pagent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Pagent and state agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Pagent agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Pagent agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Pagent agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida Pagent agent, or both, in the State of Florida Pagent, or both, in the State of Florida P	PRICE, J.	LEMONDE		Street Address	Street Address (P.O. Roy Number is Not Assentable)						
S. The above named entity submits (dis 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 registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar with, and accept the obligation of the specific or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the specific or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of the specific or registered agent, or both, in the State of Florida. I am familiar with, and accept the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, o	924 US H	Str Bot / todi ou	7 (1.0.0								
S. The above named entity submits (dis 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 registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation in the State of Florida. I am familiar with, and accept the obligation of the specific or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the specific or registered agent, or both, in the State of Florida. I am familiar with, and accept the policy of the specific or registered agent, or both, in the State of Florida. I am familiar with, and accept the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, or both and in the specific or registered agent, o	YULEE EL	32097								7	
B. The above named entity submits its statement for the purpose of changing its registered degent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SignATURE		- 		City				7:- 0		4	
the obligations of registered agents SIGNATURE Signature hybrid or printed origins or agent and label applicable. (NOTE Registered Apent signature mountainties) DATE After May 1, 2003 Fee with the \$550.00 Added to Fees		City	i		FL	Zip Coa	е	ŀ			
After May 1, 2003 Fee will, be \$550.00 Make Check Payable to Florida Department of State 10.	the obligat	ons of registered agent	id title if applicable. (NOTE:					niliar with,	and accept		
TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP Change Addition Addition AMME STREET ADDRESS CITY-ST-ZIP ADRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP ADDRESS CITY	After May 1, 2003 Fee will be \$550.00						~ _			-	
PRICE, J. LEMONDE STRETA ADDRESS CITY-ST-ZIP PRICE, J. LEMONDE STRETA ADDRESS CITY-ST-ZIP PRICE, J. LEMONDE STRETA ADDRESS CITY-ST-ZIP ITILE NAME STRETA ADDRESS CITY-ST-ZIP	10.	OFFICERS AND D	IRECTORS	11.	A[DDITIONS/CHANGES TO OFFICE	RS AND C	IRECTOR	S IN 11	1.	
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	NAME STREET ADDRESS	PRICE, J. LEMONDE 924 US HWY. 17 NORTH	☐ Delete	NAME STREET ADDRESS	 		[Change	☐ Addition	GU/U1/10/05	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	:		[☐ Change	☐ Addition	000	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		□ Delete	TITLE				- Change	- Addition -	1_	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS			STREET ADDRESS	; ;						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS	1		[_ Change	Addition		
NAME NAME ; STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS			C] Change	Addition		
12. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with the		NAME STREET ADDRESS CITY-ST-ZIP	Section	119.07(3)(i). Florida Statutes I fur		•			

of the corporation or the receiver or tryatee 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 a actives with all other like empowered.

SIGNATURE:

Daytime Phone #