2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200007284					FILED			
f. Entity Nam 1ST HAN			03 OCT 24	AH 8: 5	59			
Principal Place 8507 BRIERW		112	SECRETAR TALLAHASSI	OF STATES. FLORI	TE DA			
2. Principal F	-wood	حا	PEMSTAI EME		 			
Suite, Apt.			CHECK HERE IF MAKING	3 CHANGES				
Text State Jacksonnile, Fr Jacksonnile			e, Fi		4. FEI Number 74-3025753		plied For at Applicable	
7221	<u> </u>	32217	Duval		5. Certificate of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered	Agent		
SCHROEDEL, SANDRA L				Street Address (P.O. Box Number is Not Acceptable)				
8507 BRIERWOOD RD				Officer Address (1.0. Box Natificer to Not Acceptable)				
JACKSONVILLE FL 32257				Ch. To Code				
			City					
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 registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing		0 May Be to Fees	
10.	OFFICERS AND OIL	.[11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	DP SCHROEDEL, SANDRA L 8507 BRIERWOOD RD	☐ Delete	TITLE NAME STREET ADDRESS	DP Sind 850	ra L. HART 1 Bris wood Rd	Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 92257 DV HART, DAVID A 8507 BRIERWOOD RD JACKSONVILLE FL 32257	□ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack	454548 1000234548 09/30/0301090018	□ Change 3 5 1 **550.1	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 ST & Brewester	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 L. SCHROEDEL 7 Brierwood Road Ksonville, Fr 32217	☐ Change	Addition	
TITLE	<u> </u>	☐ Delete	TITLE	_الرك		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		1000240853 10/24/0301033030	11 **200.00	0	
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	
12 Thereby o	ertify that the information supplied with thi	e filian dose not qualify for the	o examplian etal	od in Soc	tion 119 07/3Vi). Florida Statutes, Lifurther car	rtifu that the in	formation	

Thereby certify that the information supplied with this filing does not quality 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: _

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03 Date

904 838-7692