FILED
May 01, 2003 8:00 am
Secretary of State
04-14-2003 90726 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000013494

1. Entity Name
Axis Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address	4. FEI Number
10036 Sawgrass Dr W. Ste II	3940 Palm St.	75-3003497
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: Ponte Vedra Beach, FL	City & State: St. Augustine FL	
Zip: 32082 Country: USA	Zip: 32084 Country: USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William D Akin, JR.
Street Address (P.O. Box Number is Not Acceptable): 3940 Palm Street
City: St Augustine FL Zip Code: 32084

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: William D. Akin, JR. April 10, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: President NAME: William D. Akin, JR STREET ADDRESS: 10036 Sawgrass Dr W II CITY-ST-ZIP: PVB, FL 32082	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V-P NAME: W. Dustin Akin PVB STREET ADDRESS: 10036 Sawgrass Dr. W II FL CITY-ST-ZIP: 32082	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Secretary NAME: Deborah Akin STREET ADDRESS: 10036 Sawgrass Dr W II CITY-ST-ZIP: PVB, FL 32082	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE IN THIS SPACE
TITLE: Treasurer NAME: Allison Bostwick STREET ADDRESS: 10036 Sawgrass Dr. W II CITY-ST-ZIP: PVB, FL 32082	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah S Akin Deborah S. Akin 4/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 904. 273. 0266