2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 10, 2003 8:00 am Secretary of State

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05-05-2003 90128 012 ***150.00

| 1. Entity Name CUSTOM | | | | 1413 | | | | | | T W1 | | |
|---|---------------------------------------|------------------------------------|---------------------------------------|-----------------------|---|--|--|--|--------------------------|---------------------|-------------------------|----------------|
| Principal Place of Business P. O. BOX 6154 | | | Mailing Address P. O. BOX 6154 | | | | | 10021200 | | | | |
| JACKSONVILL | E FL 32236-6 | 154 | JACK | SONVILLE FL 32238- | 6154 | | | , Tan | •1 | | | |
| | | | | | | | | | ! | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | | 4. 1 | FEI Number 30 - 00 55 178 | Ī | _ | olied For Applicable | |
| Zip Country | | Zip Cou | | Count | try | 5 Certificate of Status Desired \$8 | | | 8.75 Additional | | | |
| | 6. Name | and Address of Current | t Registere | d Agent | | | 7. 1 | Name and Address of New Register | | | | |
| | | | | | | Name | <u>-</u> | عيون الأحمد والأحمد | - | | -2.5 | - |
| COLLINS, JULIE 2804 DOWNING ST. | | | | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | WILLE FL 3 | 2205 | | | ĺ | | | | | | | l |
| | | | | | | City | | | L Zi | p Code | | |
| | named entity ions of registe | | or the purp | ose of changing its i | registere | ed office or reg | gistered ag | ent, or both, in the State of Florida. 1 | am familiai | r with, a | nd accept | |
| SIGNATURE _ | Signature, typed | or printed name of registered agen | t and title if app | icable (NOTE | Registered | Agent algneture re | equired when re | instating) DA | TE . | | | |
| | ILE NOW!! May 1, 200 Payable to | | • | | | | Election Campaign Financing Trust Fund Contribution. | | \$5.00 Added t |) May Be to Fees | | |
| 10. | | OFFICERS AND | DIRECTO | RS | 11. | | AD | DITIONS/CHANGES TO OFFICERS | AND DIRE | CTORS | | _ |
| TITLE NAME | PD Collins, | JULIE | | Delete | TITLE | : [| | | | hange | Addition | 10/07 |
| STREET ADDRESS CITY-ST-ZIP | P. O. BOX | | | | NAME | E | | • | ci | | | - |
| TITLE | | | | | NAME STREE | e et address -st-zip | | • | _ a | | | E034 / |
| ,,,,,,, | UNDROOM | (6154 | · · · · · · · · · · · · · · · · · · · | ☐ Celete | STREE CITY- | ET ADDRESS -ST-ZIP | <u></u> | , | c | nange | ☐ Addition | CR2F034 / |
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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.

SIGNATURE:

HONATURE DU TIPED OR PRINTED NAME OF SKRING DEFICER OR DRIECTOR

Date Caytime Phone #