2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc

12217 PANTHER RIDGE DRIVE

JACKSONVILLE FL 32225

DOCUMENT # P02000025314

1. Entity Name

Principal Place of Business

12217 PANTHER RIDGE DRIVE JACKSONVILLE FL 32225

2. Principal Place of Business

FERMIL & ASSOCIATES INC.

WE THE

FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90166 015 ***150.00

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CHECK HERE IF MAKING CHANGES

01/07/03 (904)777-0077 Date Daytime Phone *

9378 ARLINGTON EXPWY EXPWY. 9378 ARLINGTON Applied For 4. FEI Number City & State City & State 01-0626898 Not Applicable JACKSONVILLE JACKSONVILLE Country \$8.75 Additional Country 5. Certificate of Status Desired 2225 Fee Required uga. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . FERMIL, VIRGILIO Street Address (P.O. Box Number is Not Acceptable) 12217 PANTHER RIDGE DRIVE JACKSONVILLE FL 32225 City Zip Code 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 VIRGILIO C. FERMIL nted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typed or p FILE NOW!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. (10/02)Change YP, OPERATIONS ☐ Delete TITLE FERMIL , ANDREY FERMIL, VIRGILIO C NAME 12217 PANTHER RIDGE DR. CR2E034 STREET ADDRESS 12217 PANTHER RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL. 32225 JACKSONVILLE FL 32225 CITY-ST-ZIP Change Addition ☐ Delete TIT! F TITLE NAME FERMIL, EMLYN M MARKE STREET ADDRESS 12217 PANTHER RIDGE DRIVE STREET ADDRESS JACKSONVILLE, FL. 32225 JACKSONVILLE CITY-ST-ZIP TALLAHASSEE-FL 32225 CITY-ST-7IP ☐ Change ☐ Addition a. Miles to Care TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS كراه والمراب المتنازي والمساولة فالمتناز المروان المروان CITY-ST-ZIF CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.