## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

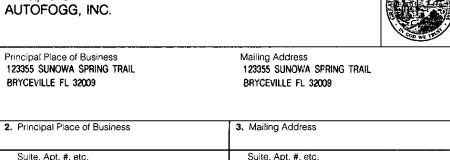
City & State



Apr 21, 2003 8:00 am Secretary of State 04-21-2003 91190 020 \*\*\*150.00

FILED

P02000064608 DOCUMENT # 1. Entity Name



City & State

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CHECK	HERE	ΙF	MAKING	CHANGES	

6. Name and Address of Current Registered Agent STONEBURNER BERRY & SIMMONS, P.A. ONE INDEPENDENT DRIVE **SUITE 2000** JACKSONVILLE FL 32202

Country

Name	1././	1	M. P	י אמינו	. I	·
Street	Address (	P.O. Box Nu	mber is Not Ac	ceptable)	Vr.	/
	235	.ss	SUNOW	A SPR	inas	TRAIL

4. FEI Number

<u>01-0726217</u>

5. Certificate of Status Desired

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. (NOTE: Registered Agent signature required when reinstating)

Country

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change ☐ Addition TITLE HILDRETH, JAMES R NAME NAME 2620 GAILLARDIA ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32211 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition PIPPIN, WILLIAM M JR. NAME NAME 123355 SUNOWA SPRING TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRYCEVILLE FL 32009 CITY-ST-ZIP TITLE Delete. TITLE \_\_ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP

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.

1111 am M. PIPPW Jr. 4-3-03 (904) 879-3386