FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90953 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| Jacksonville, FL Jacksonville, FL 71-0894174 Not App Zip 20 Country 21p 32224 U.S.A. 32224 U.S.A. 5. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARTLETT & DEAL, P.A. 135 PROFESSIONAL DR STE 101 PONTE VEDRA BCH, FL 32082 City FL 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 a the obligations of registered agent. SIGNATURE Signature, hyper or puried name of squaremy agent and title if applicable. (NOTE Registered Agent Signature squared when stirsusing) PLE NOWH) FEET'S \$160 00 Affect Ray 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. NAME LENDRY, BRYAN INDIA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. NAME LENDRY, BRYAN | 135 PROFES PONTE VEDR | | | | | | | |
|---|-----------------------------|---|--|-------------------------|-----------------------|---------------------------------------|-------------------------|-----------------------------|
| Suite, Apt. #, etc. Building 500, Suite 501 Applied Suite, Apt. #, etc. Building 500, Suite 501 Building 500, Suite 501 Building 500, Suite 501 Applied Suite, App | | RA BCH, FL 32082 | 135 PROFESSIONAL DR | | | | | |
| Suite, Apt. #, etc. Building 500, Suite 501 City & State Jack sonville, FL Jack sonville, FL Jack sonville, FL Zip Country 32224 Country U.S.A. S. Certificate of Status Desired Stat | 4745 Sut | | | Park Court | _ | | | |
| Jacksonville, FL Jacksonville, FL 71–0894174 Not Applicate. Zip 32224 Country U.S.A. 32224 U.S.A. 5. Certificate of Status Desired S8.75 Additions Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARTLETT & DEAL, P.A. 135 PROFESSIONAL DR STE 101 PONTE VEDRA BCH, FL 32082 City FL 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 Fiorida. I am familiar with, and a the obligations of registered agent. SIGNATURE FILE NOWTH FEETS \$150.00 After May 7, 2003 Fee will be \$50.00 Added to Fee Description of Ficers AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS IN 11 INLE PSTD NAME LENDRY, BRYAN Signature, typed or prinded name of squarement of State International Contribution. Added to Fee Description International Contribution. Added to Fee Description International Contribution. Contribution International Contribution. Contribution International Contribution. Contribution International Contribution. Contribution International Contribution International Contribution International Contribution. Contribution International Contribution Internati | Suite, Apt Building | g 500, Suite 501 | Suite, Apt. #, etc. | | | X CHECK HERE IF | MAKING CHANGES | |
| 32224 U.S.A. 32224 U.S.A. 5. Certificate of Status Desired So. 79 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARTLETT & DEAL, P.A. 135 PROFESSIONAL DR STE 101 | Jackson | ville, FL | | FL | | | | pplied For ot Applicable |
| BARTLETT & DEAL, P.A. 135 PROFESSIONAL DR STE 101 PONTE VEDRA BCH, FL 32082 City City FL 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 a the obligations of registered agent. SIGNATURE Signature, typed or princed name of requisered agent and title i applicable. (NOTE Requisered Agents gradue) required when reinstating) PARTY May 1, 2003 Fee, will be \$650,00 Make Check Payable to Florida Department of State of State of Florida and title in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State of Florida. I am familiar with, and a three obligations of registered agent, or both, in the State | | U.S.A. | 32224 | | | | Fee Require | |
| Street Address (P.O. Box Number Is Not Acceptable) City FL 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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of suptained agent and title i applicable. (NOTE Registered Agent signature sequited when reinstating) PLE NOWHI FER 15.\$450.00 After May 1, 2003 Fee, will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PSTD LENDRY, BRYAN Street Address (P.O. Box Number Is Not Acceptable) Turns Fund Contribution. Added to Fee | | | ent Registered Agent | Name | | Name and Address of New Rep | gistered Agent | • |
| 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 a the obligations of registered agent. SIGNATURE SIGNATURE SUBMIT RESISS 150:00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE PSTD LENDRY, BRYAN Delete 17LE PANDER Change ACC. Change | 135 PROFE | ESSIONAL DR STE 101 | | Street | Address (P.O. E | Box Number Is Not Acceptable) | | |
| The obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 1 applicable. (NOTE Registered Agent signature required when reinstating) FILE NOWN FEET'S \$150,00 After May 1, 2003 Fee, will be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTILE PSTD LENDRY, BRYAN Delete ITTLE NAME | | | | ' | | | | |
| FILE NOWHI FEE IS \$150.00 After May 1 2003 Fee will be \$550.00 Make Crisck Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE PSTD Change A | 8. The above the obligation | e named entity submits this statemen itions of registered agent. | t for the purpose of changing its | registered office | or registered ag | gent, or both, in the State of Florid | da. I am familiar with, | and accept |
| FILE NOWNI FEE IS:\$150,00 After May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTE PSTD RAME LENDRY, BRYAN P. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fe 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Charge A | SIGNATURE | Signature, typed or printed name of registered ag | pantand title I applicable, (NOT) | E: Registered Agentsign | atura reguired when n | GinSta (ins) | DATE | |
| TITLE PSTD | Afte | r May 1, 2003 Fee will be \$550 (| 30 | <u> </u> | | 9. Election Campaign Finar | neing \$5.0 | |
| NAME LENDRY, BRYAN NAME | | | | 11. | AC | L DDITIONS/CHANGES TO OFFICE | ERS AND DIRECTOR | 5 IN 11 |
| STREET ADDRESS 3202 SAWGRASS VILLAGE DR. STREET ADDRESS | NAME STREET ADDRESS | LENDRY, BRYAN 3202 SAWGRASS VILLAGE D | R. | NAME STREET ADDRESS | | | ☐ Change | Addition |
| CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE VD Delete TITLE P/V/T/S/D TITLE | | | | | P/V/T/: | s/D | ₹7 Change | ☐ Addition |
| NAME TABB, JEFFREYE: STREETADDRESS 3202 SAWGRASS VILLAGE DR. STREETADDRESS Bldg. 500, Ste. 501 | STREET ADDRESS | 3202 SAWGRASS VILLAGE D | R. | NAME STREET ADDRESS | Bldq. | 500, Ste. 501 | • | |
| Jacksonville, Fit 32224 | | | Поль | | Jackson | nville, FL 3222 | | ☐ Addition |
| NAME. STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP | STREET ADDRESS | · · · · · · · · · · · · · · · · · · · | المان المعلق المستحديد المستحد | STREET ADORESS | | ار جانب جانبی ا | • • | ** |
| NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | NAME STREET ADDRESS | | | ☐ Change | Addition |
| CITY-ST-ZIP | TITLE | | ☐ Delete | TITLE | | | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | | | | a . | | | | |
| TITLE Delete TITLE Change Administration Administration NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP | NAME STREET ADDRESS | | ☐ De lete | NAME STREET ADDRESS | | | ☐ Change | Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI), Florida Statutes. I further certify that the information discrete 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered. | murcaleu | poration or the receiver or trustee em | i is true and accurate and that m Dowered to execute this report: | nv simnatura snaii i | nave the come L | ensi effect se if made under cett | not had I am an afficer | |
| SIGNATURE: JEFFREY E. TABB 2-28-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING PROPERTY BY THE PROPERT | changed, | - | | | | | | |