2003 FOR DROFIT CORDORATIO

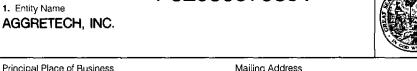
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FILED Apr 16, 2003 8:00 am Secretary of State

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DOCUMENT #





Principal Place of Business 7759 PLUMMER ROAD JACKSONVILLE FL 32219		Mailing Address 7759 PLUMMER ROAD JACKSONVILLE FL 32219		
2. Principal Place of Business		3. Mailing Address	3	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
	6. Name and Address of C	urrent Registered Agent		
		سەرەن <del>ەس</del> سە در سەني د	Name	

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 11-3644485

Not Applicable \$8.75 Additional

5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent

WALL, BRIAN A 7759 PLUMMER ROAD JACKSONVILLE FL 32219

Name * **********************************	Y-A	
Street Address (P.O. Box Number is Not Accepta	able)	
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.	
	$f_{ij} = 0$	

SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME WALL, BRIAN A NAME STREET ADDRESS 7759 PLUMMER ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32219 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-71P

CITY-ST-7IP

TITLE

NAME

☐ Detete

Change

Addition