2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91797 016 ***150.00

DOCUMENT # P02000084878

1. Entity Name
XERXEC, INC.

Principal Place of Business	Mailing Address
5711-15 BOWDEN ROAD SUITE 311 JACKSONVILLE, FL 32216	PO BOX 16952 JACKSONVILLE, FL 33815

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 371438274 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOHAJERI, THOMAS K 5711-15 BOWDEN ROAD SUITE 311 JACKSONVILLE, FL 32216 5152 Liberty LK DR S Jacksonville, FL 32258	Name Street Address (P.O. Box Number is Not Acceptable) 5152 Liberty Lake Drive S. City Jacksonville, FL Zip Code 32258

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.

SIGNATURE _____ President 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILING FEE: $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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MOHAJERI, THOMAS K ~~11247 SAN JOSE BLVD., APT. 2010~~ ~~JACKSONVILLE, FL 32223~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5152 Liberty Lake Drive S. Jacksonville, FL 32258
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ROGERS, GARY PAUL JR. 12570 CACHET DRIVE JACKSONVILLE, FL 32223	☒ Delete Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VD KATE C MOHAJERI 5152 LIBERTY LK DR S JACKSONVILLE, FL 32258
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SANDERS, WILLIAM KEVIN 3900 OLDFIELD CROSSING DRIVE APT. 810 JACKSONVILLE, FL 32223	☒ Delete Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Secretary Thomas Mohajeri 5152 Liberty Lake Drive S. Jacksonville, FL 32258
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROGERS, RANDOLPH W 12570 CACHET DRIVE JACKSONVILLE, FL 32223	☒ Delete Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Treasurer Thomas Mohajeri 5152 Liberty Lake Drive S Jacksonville, FL 32258
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ 4-30-03 904-260-1428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #