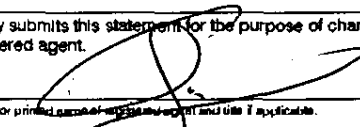
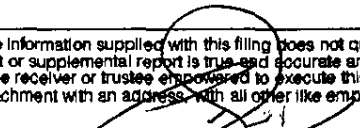


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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 5711-15 BOWDEN ROAD SUITE 311 JACKSONVILLE, FL 32216			Mailing Address PO BOX 16952 JACKSONVILLE, FL 33815		
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 LKRS JACKSONVILLE, FL 32258				Name	
				Street Address (P.O. Box Number is Not Acceptable) 5152 Liberty Lake Drive S.	
				City Jacksonville,	
				State 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 				DATE 4-30-03	
(NOTE: Registered Agent signature required when withdrawing)					
FILE NOW WITH FEE IS \$150.00 After May 1, 2003, Fee will be \$500.00 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	PTD	☐ Delete	TITLE	☒ Change	☐ Addition
NAME	MOHAJERI, THOMAS K		NAME	5152 Liberty Lake Drive S.	
STREET ADDRESS	11247 SAN JOSE BLVD., APT. 2010		STREET ADDRESS	Jacksonville, FL 32258	
CITY-ST-ZIP	JACKSONVILLE, FL 32228		CITY-ST-ZIP		
TITLE	VSD	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	ROGERS, GARY PAUL JR.	Delete	NAME	KATE C. MOHAJERI	
STREET ADDRESS	12670 CACHET DRIVE		STREET ADDRESS	5152 LIBERTY LK DR S.	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	JACKSONVILLE, FL 32258	
TITLE	VD	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	SANDERS, WILLIAM KEVIN	Delete	NAME	Secretary	
STREET ADDRESS	3900 OLDFIELD CROSSING DRIVE APT. 510		STREET ADDRESS	Thomas Mohajeri	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	5152 Liberty Lake Drive S.	
TITLE	VD	☒ Delete	TITLE	☐ Change	☒ Addition
NAME	ROGERS, RANDOLPH W	Delete	NAME	Treasurer	
STREET ADDRESS	12670 CACHET DRIVE		STREET ADDRESS	Thomas Mohajeri	
CITY-ST-ZIP	JACKSONVILLE, FL 32223		CITY-ST-ZIP	5152 Liberty Lake Drive S.	
TITLE		☐ Delete	TITLE	☐ Change	☒ Addition
NAME			NAME	Jacksonville, FL 32258	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
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.					
SIGNATURE: 				Date 4-30-03 904-260-1428	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E034 (10/02)