2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jun 18, 2003 8:00 am Secretary of State

1. Entity Nar		# PO2 OND SETTING	000092 INC.	431	T.				06-18-200)3 90023	5 018 ***]	.50.00	
Principal Place 1541 SUGARI WINTER PARI	1541 SU	Mailing Address 1541 SUGARWOOD CIRCLE WINTER PARK FL 32792				W. C.							
				<u> </u>					' 			cut-4	===
2. Principal I	Place of Busin	3. Mailing	3. Mailing Address							i.	<u>√</u>		
Suite, Apt	Suite, A	Suite, Apt. #etc.				CHECK HERE IF MAKING CHANGES							
City & Sta	te	City &	City & State				4. FEI Numb	101 961	3	H	Applied For Not Applicab	ie l	
Zíp Country		Zip	Zip Coun		try	,		of Status Desired		\$8.75 / Fee Requ	dditional	٦	
	6. Name	and Address of Cus	Tent Registered	gistered Agent				7. Name and Address of New Registered Agent					-(
				4		Name	Non						٦
AWAD, SI						Nan - Cuccia Street Address (P.O. Box Number is Not Acceptable)						4=	
	ARWOOD (- · · · · -	1	1]	~	~	IF	<u> </u>	<u>" i</u>		
WINTER P	• •	1		127	147	ART M	useum	DRIVE	-561	ti 100	h		
-	· ·					12747 ART MUSEUM ORIVE Suite 100 Tacksonville FLX 25000007					ode 2→07	7	
		y submits this stateme	ent for the purpose	of changing	its registere								7
the obligat	tions of regist	ered agent.	1 -	i .	a.*					-1:	-112		-
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if spplicate	<u>ال</u> ۱۵. (۸۲	OTE: Registered	1 Agent signer	ure required v	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	2/03		
F	ILE NOW!!	! FEE IS \$150.00		İ				A 5.	-tian Campains	Chanadan			7
		3 Fee will be \$550 Florida Departme	l l	1 1					ection Campaign I est Fund Contribu	_		,00 May Be ed to Fees	
10.		OFFICERS A	AND DIRECTORS		11.5	<u> </u>			CHANGES TO O	FFICERS AN	ND DIRECTO	R\$ IN 11	ゴ_
TILE,	PVI	·	,	Delete	TITLE		PV	1			Change	Addition	r Ş
NAME. Street adoress	AWAD, SU 1541 SUG	ARWOOD CIRCLE		7 12	NAME	ET ADDRESS	J051	eph m	ad Hill	Terra	ce.		15
CITY-ST-ZIP		ARK FL 32792		i		: I AUUNESS :ST-ZIP	18:	s in the se	Park 3	70			CR2E034 (10/02
TITLE				☐ Delete	TITLE		5			7704	☐ Change	Àdditio	T 2
NAME		•			, NAME	:]	Nar	n R. Cu	i cab It muse	= 11 00-		./3	
STREET ADDRESS				ı		TADDRESS		747 AK	∴n'- m'	100 C	ンベーン	010-	
CITY-ST-ZIP		 -				ST-ZIP	£7.0	XCK SOM	ville, Fe				-}
TITLE NAME				Detete	TITLE NAME						Change	Addition	n
STREET ADDRESS				•===== ·===============================		T ADDRESS				·		<u> </u>	=
City-St-ZIP				1	CITY-	ST-ZIP							1
TITLE				Delete	TITLE				*		Change	Addition	7
NAME"	,	** -			NAME				**				
STREET ADDRESS CITY-ST-ZIP		-				T ADDRESS St-Zip							1
TITLE	ļ	 _		Delete	TITLE	-7			, ,		☐ Change	Addition	Ⅎ
NAME				 	NAME	1	,				C suggife		
STREET ADORESS				1		T ADDRESS							1
CITY-ST-ZIP				<u> </u>		ST-ZIP							4
TITLE NAME				Delete	TITLE	ļ					Change	Addition	
STREET ADDRESS	ı			i	NAME Stree	T ADORESS					v		}
CITY-ST-ZIP				1	CITY-S								
12. I hereby coindicated of the correctanged,	ertify that the on this report poration or the or on an attac	information supplied or supplemental repo e receiver or trustes e chment with an addre	with this filling doe ort is true and accompowered to exec ss, with all other like	s not qualify for trate and that tute this repor- te empowered	or the exeminated the second of the exeminated o	nption state are shall had by Char	ed in Sect tive the sa oter 607. I	tion 119,07(3)(I) time legal effect Florida Statutes), Florida Statutes as if made under and that my name	. I further ce roath; that I ne appears	ertify that the am an office in Block 10 o	information r or director or Block 11 if	

NAN R. CUCCÍA

(904) 348 3251