2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

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1. Entity Na			00012523 NING CENTER				Oŝ	3-25-2003 900	076 028 **	*150.00 *	
Principal Pla	ce of Busines:	s	Mailing Addr	ress			1			. [
5211 TIMUQU	iaņa RD.		5211 TIMUQU	iana RD.						T.	
JACKSONVILI	LE FL 32201		JACKSONVILL	LE FL 32201							
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2. Principal	Place of Busin	ess	3. Mailing Ad	Idress				81 88111 88 111 68187 118			
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Sta	ite		City & State	9			4. FEI Number	139730	/ 	pplied For ot Applicable	
Zip		Country	Zip		Country		5. Certificate of Status	Desired 🔲	\$8.75 Ad Fee Require		
	6. Name	and Address of Cur	rent Registered Ager	nt	Alone		7. Name and Address	of New Registers	d Agent]
JOURNE L	# TON	···			-Nam					~	<u> </u>
JOHNS, N		· ·			Stree	t Address (P.O. Box Number is Not A	cceptable)	•		
	MUQUANA F	-			 -					 	1
JACKSUN	MLLE FL 32	210			City			<u>_</u>	7:-0-	<u> </u>	-{
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	e named entity		ent for the purpose of o	changing its	'	or register	ed agent, or both, in the Si	-	m familiar with,	and accept	
	tions of registe	ered agent.		mi	registered office	M	3-21	tate of Florida. I a)	and accept	
the obliga	tions of register	ered agent. A Lore or Kinted name of registered a	agent and title if applicable.	mi	'	M	ed agent, or both, in the St	-)	and accept	_
the obliga	tions of register of the state	ered agent. A Lord or Firsted name of registered . J. FEE IS \$150.00	agent and title of applicable.	mi	registered office	M	3-3 when reinstating) 9. Election Carm	tate of Florida. I a H - 0 DATE DATE	\$5.0	0 May Be	
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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 the changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHARLES AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-07

771-7388

Daytime Phone #