

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90224 023 ***150.00

DOCUMENT # P04000065572	
1. Entity Name	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 22 Village Cir Dr Suite, Apt. #, etc. #3 City & State Fernandina Beach FL Zip 32034 Country US	3. Mailing Address 22 Village Cir Dr Suite, Apt. #, etc. #3 City & State Fernandina Beach FL Zip 32034 Country US
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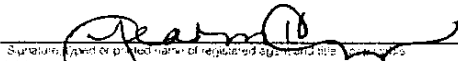
DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1037305	Applied For ☐ No: Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name Jean Hugmann Street Address (P.O. Box Number is Not Acceptable) 910 S. 8th St City Fernandina Beach FL Zip Code 32034	

**DO NOT WRITE
IN THIS SPACE**

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



NOTE: Registered Agent signature required when re-appointing.

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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			
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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NAME	STREET ADDRESS	NAME	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address. With all other like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

CR2E034B (12/02)