## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 28, 2003 8:00 am

1. Entity N	UMEN 1 # P9300 DLDINGS, INC. 	0074644		92-28-2003 90172 031 ***150.		
Principal Place of Business 6950 PHILLIPS HWY STE 15 JACKSONVILLE FL 32216 US 2. Principal Place of Business		Mailing Address 6950 PHILLIPS HWY STE 15 JACKSONVILLE FL 32216 US 3. Mailing Address				
Suite Act # et-		Suite, Apt. #, etc.				
City & S	City & State City & Sta			4. FEI Number 70 2010 107		
Zip	Country	Zip	Country	59-3210195 No	oplied For ot Applicable	
<u> </u>	6 No.			5. Certificate of Status Desired See Require	ditional d	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent		
HOWARI	D, MARCIA M		Name			
	MAGUIREWOODS			Street Address (P.O. Box Number is Not Acceptable)		
	URA ST STE 3300		<del>  -</del>			
!	NVILLE FL 32202					
			City	Zip Code	9	
8. The above	ve named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with,	and second	
ine obligi	ations of registered agent,			5 Thomas Partiannia Willis	апо ассерт	
SIGNATURE	Simon					
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signature	required when reinstating) DATE		
, ,	FILE NOW!!! FEE IS \$150.00					
Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$				May Be to Fees	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11	
TITLE Name	D KING DOGA MADIA M	☐ Delete	TITLE	□ Change	Addition	
STREET ADDRESS	KING, ROSA MARIA M 6950 PHILLIPS HWY STE 15		NAME			
CITY-ST-ZIP	JACKSONVILLE FL 32216		STREET ADDRESS CITY-ST-ZIP		ĺ	
TITLE	DS	□ Delete	<del></del>			
NAME	MORALES, RICARDO III	□ Delete	TITLE NAME	☐ Change	☐ Addition	
STREET ADDRESS	6950 PHILLIPS HWY STE 15		STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP		ļ	
TITLE	D	- Delete	TITLE	Change	- Addition -	
NAME STREET ADDRESS	HOWARD, MARCIA M		NAME	Change	Addition	
CITY-ST-ZIP	50 N LAURA STREET, SUITE 3300 JACKSONVILLE FL 32202		STREET ADDRESS			
TITLE	PD	<del> </del>	CITY-ST-ZIP			
NAME	MORALES, RICARDO JR.	☐ Delete	TITLE	Change	Addition	
STREET ADDRESS	6950 PHILLIPS HWY STE 15		NAME STREET ADDRESS		1	
CITY-ST-ZIP	JACKSONVILLE FL 32216		CiTY-ST-ZIP			
TITLE	AS	☐ Delete	TITLE			
NAME	SIMMONS, JANETTE		NAME	☐ Change	Addition	
	6950 PHILLIPS HWY STE 15 JACKSONVILLE FL	• .	STREET ADDRESS			
TITLE	ACV20WAITTE LT		CITY-ST-ZIP		1	
,	KING, T F III	☐ Delete	TITLE	☐ Change	Addition	
STREET ADDRESS	6950 PHILLIPS HWY STE 15.		NAME STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP		İ	
		filing does not qualify for th		Section 119.07(3)(i), Florida Statutes. I further certify that the infor	rmation	

of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director be like ampowered.

Capacitate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the proposers.

SIGNATURE:

296-3232