

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # **P94000009507**

FILED

01 JUL 27 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Place of Business
**20197 MACCLENNY RD
 JACKSONVILLE FL 32234**

Mailing Address
**20197 MACCLENNY RD
 JACKSONVILLE FL 32234**

2. Principal Place of Business
 3. Mailing Address

4. Filing Number **59-3227567**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**TAYLOR, EVELYN A
 20197 MACCLENNY RD
 JACKSONVILLE FL 32234**

7. Name and Address of New Registered Agent
 Name: **KIMBERLY A. RHODEN**
 Street Address: **20195 MACCLENNY RD.**
JACKSONVILLE, FL 32234
 City: **JACKSONVILLE, FL 32234**

8. The above named officer signs this document for the purpose of changing the registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Kimberly A. Rhoden* **President** DATE: **6/25/01**

9. This corporation is eligible to satisfy its intangible tax obligations by filing this report. **FILING FEE \$50.00** After MAY 1, 2001 fee will be \$250.00. **\$5.00 May Be Added in Fees**

10. Election Campaign Financing Fund Contribution

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

NAME	D. TAYLOR, EVELYN A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	20197 MACCLENNY RD JACKSONVILLE FL 32234	
NAME	V. TAYLOR, VINCENT R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	20197 MACCLENNY RD JACKSONVILLE FL 32234	
NAME	S. RHODEN, KIMBERLY A	<input type="checkbox"/> Change <input type="checkbox"/> Add
STREET ADDRESS	20195 MACCLENNY RD JACKSONVILLE FL 32234	

12. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RHODEN, KIMBERLY A.	
STREET ADDRESS	20195 MACCLENNY RD. JACKSONVILLE, FL 32234	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	RHODEN, MARKUS V.	
STREET ADDRESS	20195 MACCLENNY RD. JACKSONVILLE, FL 32234	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		

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13. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.073(1) Florida Statutes. I further certify that the information contained on this report or a supplementary 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 of this report or on an attachment with an address, with all necessary amendments.

SIGNATURE: *Kimberly A. Rhoden* **Kimberly A. Rhoden** DATE: **6/25/01** **904-289-7928**