2003 FOR PROFIT CORPORATION

UN	IFORM BUSI	NESS	REPORT	r (U	BR)		Apr 30, 20	JUS	8: U	u am	_ <u></u>
1. Entity Nan		00007	0077722				Secretary of State 04-30-2003 90145 028 ***150.00				
3020 HARTLE SUITE 300 JACKSONVILL US		3020 Suiti Jack US	Mailing Address 3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257 US 3. Mailing Address								
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City	City & State		4.		59-3281378		_ 	oplied For ot Applicable]
Zip	Country	Zip		Country				Fe	3.75 Add e Require		
	6. Name and Address of Cui	rent Registere	d Agent		Nome	7. N	lame and Address of New Regis	tered Age	ent		-
ROOD, JOHN D. 3020 HARTLEY RD					Name Street Addre	ss (P.O. B	ox Number is Not Acceptable)				
STE 300											1
JACKSON		City				FL	Zip Code	e	$\frac{1}{2}$		
	named entity submits this statement tions of registered agent. Signature, typed or printed name of registered				office or regi			. I am fam	niliar with,	and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550 k Payable to Florida Departme).00					Election Campaign Financ Trust Fund Contribution.			O May Be to Fees	
10.		AND DIRECTO	RS	11.			DITIONS/CHANGES TO OFFICER	RS AND DI	RECTORS	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROOD, JOHN D 3020 HARTLEY RD STE 300 JACKSONVILLE FL 32257		☐ Delete	NAME STREET A	ADDRESS 3	3020	/C JOHN D HARTLEY RD STE ONVILLE_FL 322	300] Change	Addition	R2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROOD, J. NEIL 12191 MANDARIN RD JACKSONVILLE FL 32223		☐ Delete	TITLE NAME STREET A CITY-ST-	ODRESS				Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROOD, JAMIE A. 2635 FOREST CIRCLE JACKSONVILLE FL 32257		☐ Delete	TITLE NAME STREET A CITY-ST-] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET A CITY-ST-	- 1) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A] Change	Addition	Ì

12. Thereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

904-260-303 D Daytime Phone #