2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 25, 2003 8:00 am Secretary of State

DOCUMENT # P94000091493 I. Emily hanne SOFA TUCKERS, INC. Principal Place of Budiness To SNI MARCO AYBME T	Ur	HLOKW RO	21ME22 REDO	3T ()	UBR	}	02.25.2002.00	•/ - 117.000:	***150.00
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Stream Address (P.C.) Box Number is Not Acceptable) 7.3 San. Marco Avenue City St Augustine 6. 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 Surviva Augustine Surviva	•	. به ند ر ساخی							
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SIGNATURE Signature Superior Street Str	_			-		t Aug	ustine F	L 232	084
SIGNATURE Superaure Typed of printed name of ingletened agent and late if applicable (INCTE: Registered Agent signature required when remaiting) DATE	 the obligation 	a named entity submits this st Bions of registered agent	tatement for the purpose of changing it	s registere	ed office or	registered	agent, or both, in the State of Florida. I an	ı famillar witt	n, and accept
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2. 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 cath; that I am an officer or director.	1	Analis all and a first of the state of	age						

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

SIGNATURE:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone e