2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000009192 **DOCUMENT #** 1. Entity Name

FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90182 021 ***150.00

STY-15TH AVE N. MACKSOMMULE BEACH R. 3229-4710 2. PHINDIGAT PLACE of Business 3. Maining Address City & State	JAMESON BOILDERS, INC.									
Suito, Apf. #. etc. Suito, Apf. #. etc. Chy & State City & City & City & State City & Ci	537-15TH AVE N. 537-15TH AVE N.					.	1 (1111) 1(()() 120() 1(1)() 1(1))()	1 810 1 1 916	
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Street Address (PO Box Number is Not Acceptable) Street Address (PO Box Number is Not Acceptable) City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and scept the obligations of registered agent. SIGNATURE Signature, typed or preter rame of implemed agent and title 1 applicable (INOTE Registered Agent signature registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the State of Forda. I am familiar with, and scept the changing its registered agent, or both, in the Stat		6. Name and Address of Current R	egistered Agent		Name	7. Name and Ad	iress of New Regis	tered Age	nt	
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ACKSONVILLE BEACH FL 32250-4710 City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyand or person name of registered agent and take it applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Foe will be \$550.00 After May 1, 2003 Foe will be \$550.00 Micro Check Payable to Florida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MCULE, JAMES L JR. SIRET ADDRESS OTF-S1-ZP THE CONTROL BEACH FL 32250 THE ADDRESS OTF-S1-ZP THE CONTROL BEACH FL 32250			Street Add			P.O. Box Number is	Not Acceptable)			
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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.)