## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 22, 2002 8:00 am Secretary of State

DOCUMENT # P95000	05-22-2002 90238 044 ***158.75				
Profit Partners 1					
DO NOT WRITE					
2. Principal Place of Business  i 540 K. assley Ave.  Suite, Apt. #, etc.  3. Malling Address  1540 K. assley Ave.  Suite, Apt. #, etc.		sley Ave.	DO NOT WRITE IN THIS SPACE		
City & State  Crange Park FL  Zip  Country  City & State  Crange Park  Zip  Country  Zip		-k FC	4. FEI Number Applied For S7 3 2 7 5 2 85 Not Applied by		
32073 USA	32073	USA .	5. Certificate of Status Desired \$8.75 Additional Fee Required		
		No	7. Name and Address of Current Registered Agent		
DO NOT WRITE IN THIS SPACE  Name  Kevin E Shields Street Address (P.O. Box Number is Not Acceptable)  18 Hibernia Oaks Drive					
		City Green	Care Springs, FL Zip Code 32043		
8. The above named entity submits this statement for	the purpose of changing its re	egistered office or registr	lered agent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent a	82/	Kevin E.	Shields 4/30/02		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
11. OFFICERS AND I					
TITLE NAME  STREET ADDRESS  CITY-SI-ZIP  CHANGE PANE FL	₽ D 32003	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE V. P. FINANCE NAME THOMAS V. TYSON STREET ADDRESS 1704 BROAD WATE CITY-ST-ZIP ORANGE PARK, FL	T V D	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  FREE COVE SPRINGS, F	VE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO-NOT WRITE		
NAME STREET ADDRESS Thamas J Fitzmant	VP Information Technologies Thamas J Fitzmartin VD		IN THIS SPACE		
	<b>37</b> 14 <i>)</i>				
NAME ROBERT HAMLETT 2283 South Diock Da.	Y D	TITLE NAME STREET ADDRESS CITY-ST-ZIP			

13. The edy 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 11 or on an altachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAMED OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #