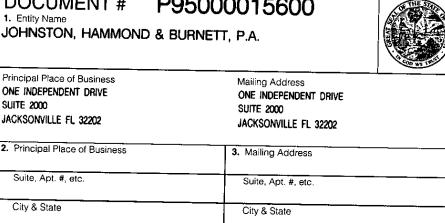
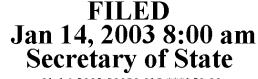
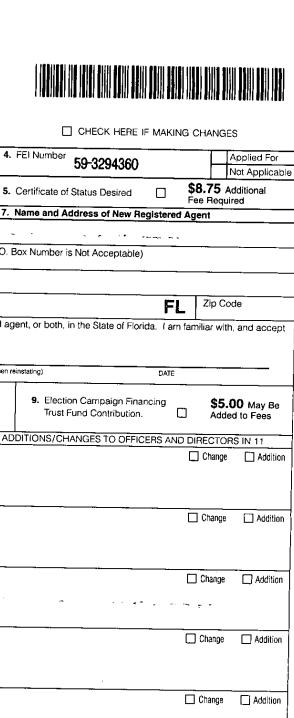
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000015600





01-14-2003 90080 018 \*\*\*150.00



ONE INDEP	lace of Business ENDENT DRIVE LLE FL 32202	SUITE 2000	ONE INDEPENDENT DRIVE		A ADDILATA MA LAIRA BUMA ARMIN ADM	<b>                                    </b>	1811 <b>18</b> 11 <b>18</b> 11 1 <b>85</b> 1
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	4. FEI Number 59-3294360 Applied For		
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75	Not Applicable  Additional
	6. Name and Address of Curren	t Registered Agent			Nome and Address of No.	Fee Requ	ired
			Name		Name and Address of New Re	gistered Agent	
JOHNST	ON, CHARLES M				· · · · · · · · · · · ·	~~.	
	ALLEN AVE		Street A	ddress (P.O. E	ox Number is Not Acceptable)		<del></del>
JACKSO	NVILLE FL 32205		<del></del>	·			
				<u> </u>			
O The of			City			FL Zip Co	
the obliga	re named entity submits this statement fa ations of registered agent.	or the purpose of changing i	ts registered office or	registered ag	ent, or both, in the State of Flori	da. I am familiar wit	h, and accept
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Agent signatu	re required when re	instating)	DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00				9. Election Campaign Finar		.00 May Be
	k Payable to Florida Department o				Trust Fund Contribution.	Add	ed to Fees
10.	OFFICERS AND	DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	BS IN 11
TITLE	PD	☐ Delete	TITLE			☐ Change	
NAME STREET ADDRESS	JOHNSTON, CHARLES M		NAME				
STREET ADDRESS CITY-ST-ZIP	THE STREET, THE		STREET ADDRESS				
	JACKSONVILLE FL		CITY-ST-ZIP				
TITLE	VPSD	☐ Delete	TITLE			☐ Change	Addition
NAME CIRCL ADDRESS	HAMMOND, ADA A		NAME			v.ugs	
STREET ADDRESS CITY-ST-ZIP	TO 10 OFWILLOFF LIFT/OLL OL		STREET ADDRESS				
<del></del>	ATLANTIC BEACH FL		CITY-ST-ZIP				
TITLE NAME	DIDNETT MOUEAL O	Delete	TITLE			☐ Change	☐ Addition
	BURNETT, MICHEAL G 2242 MILLER OAKS CRT		NAME			_	
CITY-ST-ZIP	JACKSONVILLE FL 32217		STREET ADDRESS CITY-ST-ZIP		~ · · · · · · · · · · · · · · · · · · ·		
TITLE	The second secon	☐ Delete	<del></del>				
NAME		□ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				}
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE				
NAME			NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				}
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	<del></del>	<del></del>	☐ Change	
NAME			NAME			Unarige	Addition
STREET ADDRESS	A STATE OF THE STA	× · · · · · ·	STREET ADDRESS				
ITY-ST-ZIP	1		CITY OF 7ID	* * ***			J

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:** 

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