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

## **DOCUMENT #** P95000041196

1. Entity Name



**FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90129 045 \*\*\*150 00

			C, INC.									
Principal Place of Business 567 BISHOPGATE LN JACKSONVILLE FL 32204		567	ing Address BISHOPGATE LN (SONVILLE FL 32204		· · · · · · · · · · · · · · · · · · ·							
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2. Principal Place of Business		3. Mailing Address				İ						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						OK LIEDE IE				
City & State		Cit	y & State				4 55.		CK HERE IF	MAKING	CHANG	
		Oity & State				ļ	4. FEIN	<sup>lumber</sup> 59-3	318867			Applied For Not Applicab
Zip Country		Zip	Zip Country				5. Certificate of Status Desired				\$8.75	Additional
6.	Name and Address of Current	t Register	ed Agent				7. Name	and Address	of New Reg		Fee Requ	uired
BADTU CUADIE	ю п - ~ -				Name							<del></del> -
BARTH, CHARLES U 567 BISHOPGATE LN			•	ļ			O. Box N	umber is Not A	cceptable)			
JACKSONVILLE I				}								<del></del>
				}	City					<del></del> .	Zio C	
8. The above named	entity submits this statement for	or the purn	oose of changing its	registere	,				<del></del>	FL	Zip C	
the obligations of	registered agent.	or the purp	ose of changing its	registerei	u onice or	registered	agent, o	r both, in the S	tate of Florida	a. I am fa	ımiliar wit	h, and accep
SIGNATURE	·	<u>;</u>										
	, typed or printed name of registered agent	and title if app	olicable. (NOTE	Registered	Agent signatu	re required w	hen reinstatin	g)		DATE		
FILE NO After May 1	OW!!! FEE IS \$150.00 , 2003 Fee will be \$550.00						ł					
Make Check Payab	ele to Florida Department o	f State					9	Election Carr Trust Fund C	paign Financ ontribution,	ing 🗆	<b>\$5</b> . Add	.00 May Be ed to Fees
Make Check Payab	ole to Florida Department of OFFICERS AND		RS	11.		<u>,,</u> ,		Trust Fund C	ontribution.		Add	ed to Fees
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

march 20, 2003

904/634-0800