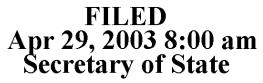
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR P95000078053 **DOCUMENT#**



1. Entity Name STRING ENTERPRISE, INC.						04-29-2003 90033 003 ***150.00			
Principal Plac 8211 OLD KIN JACKSONVILLI		Mailing Address 8211 OLD KINGS RD JACKSONVILLE FL 32219							
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State	e	City & State	City & State			59-3351158	ļ	Applied For Not Applicable	}
Zip Country		· Zip	· Zip Country		5. Certificate of Status Desired \$8.75 Fee Req		\$8.75 A	Additional ired	1
	6. Name and Address of Ci	rrent Registered Agent	-1-:		7. 1	Name and Address of New Registere	d Agent		1
				Name					
HEEKIN, F 1 SLEIMAI	Robert a N Parkway		Street Address		ss (P.O. B	s (P.O. Box Number is Not Acceptable)			
STE. 280					-				1
	VILLE FL 32216			City		F	L Zip Co	ode	1
	named entity submits this statentions of registered agent. Why Signature, typed or printed name of registered	gring &	pro	ed office or regis		ent, or both, in the State of Florida. I an	127/	h, and accept	
After Make Check	LE NOW!!! FEE IS \$150.0 May 1, 2003 Fee will be \$55 Payable to Florida Departm	0.00 ent of State				Election Campaign Financing Trust Fund Contribution.	☐ Add	.00 May Be led to Fees	
16.		S AND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	DRS IN 11	١,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, ROBERT L SR 8241 OLD KINDS ROAD JACKSONVILLE FL 32219	☐ Delete	NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🔲 Addition	140/00
TITLE Name Street address City-St-Zip	☐ Delete		NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Changi	e 🔲 Addition	200
TITLE TANDE NAME STREET ADDRESS I CITY-ST-ZIP	☐ Delete / ·					- 4.2.	☐ Change	e . 🗆 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAM STRE		., -		☐ Change	e ☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP