2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000006761

FILED Apr 17, 2001 8:00 am

6. Name and Address of Current Registered Agent ZAMBETTI, VICTOR J 2954 OLD ORCHARD ROAD JACKSONVILLE FL 32257 City FL Zit 8. 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. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE D COWARD, VICTORIA Z 350 NORTH BEAUCLERC WOOD LANE UTSEL ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D DELETONS	Applied For
ACKSONVILLE FL 32257 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zit City FL Zit City FL Zit This corporation is eligible to satisfy its Intangible Tax Hirry grouptement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. Mailing Address City St. Zip JACKSONVILLE FL 32257 Delete ITILE Delete TITLE Delete TIT	
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City & State Country Country Country Country 5. Certificate of Status Desired \$8.7", Fee R R 5. Certificate of Status Desired \$8.7", Fee R R 5. Certificate of Status Desired \$8.7", Fee R R 7. Name and Address of New Registered Agent Name ZAMBETTI, VICTOR J 2954 OLD ORCHARD ROAD JACKSONVILLE FL 32257 City FL Zi Signature, typod or printed name of registered agent and title a acylicable 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of Status 10. Election Campaign Financing Trust Fund Contribution. Title NAME ZAMBETTI, VICTOR J 2954 OLD ORCHARD ROAD JACKSONVILLE FL 32257 TITLE D COWARD, VICTORIA Z 2955 OLD ORCHARD ROAD JACKSONVILLE FL 32257 TITLE D COWARD, VICTORIA Z 2955 OLD ORCHARD ROAD JACKSONVILLE FL 32257 TITLE D COWARD, VICTORIA Z 2955 OLD ORCHARD ROAD JACKSONVILLE FL 32257 TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE D Delete NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP DELET TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP DELET TITLE D D DEL	Applied For
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6. Name and Address of Current Registered Agent ZAMBETTI, VICTOR J 2954 OLD ORCHARD ROAD JACKSONVILLE FL 32257 City FL Zit 8. 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. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE D COWARD, VICTORIA Z 350 NORTH BEAUCLERC WOOD LANE UTSEL ADDRESS CITY-ST-ZIP TITLE D Delete TITLE D DELETONS	Not Applicable
ZAMBETTI, VICTOR J 2954 OLD ORCHARD ROAD JACKSONVILLE FL 32257 City City FL Zit 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) The Delete Title DAMBETTI, VICTOR J 2954 OLD ORCHARD ROAD JACKSONVILLE FL 32257 TITLE DAMBETTI, VICTOR J 2954 OLD ORCHARD ROAD JACKSONVILLE FL 32257 TITLE DCOWARD, VICTORIA Z 3950 NORTH BEAUCLERC WOOD LANE JACKSONVILLE FL 32257 TITLE DAKES CITY-ST-ZIP TITLE DAKES CITY-ST-ZIP TITLE DAKES CITY-ST-ZIP TITLE DAKES CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE DOELET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete Delete Delete Delete TITLE Delete De	Additional uired
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R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Segnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (Make Check Payable to Department of State) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME ZAMBETTI, VICTOR J 2954 OLD ORCHARD ROAD JACKSONVILLE FL 32257 TITLE NAME COWARD, VICTORIA Z 3950 NORTH BEAUCLERC WOOD LANE JACKSONVILLE FL 32257 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE That The Delete TITLE Delete TITLE CITY THE COWARD, VICTORIA Z STREET ADDRESS CITY-ST-ZIP TITLE THE COWARD, VICTORIA Z STREET ADDRESS CITY-ST-ZIP TITLE THE COWARD STREET ADDRESS CITY-ST-ZIP THE COWARD STREET	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and table if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Delete ITILE NAME CAMBETTI, VICTOR J STREET ADDRESS STREET ADDRESS CITY-ST-2IP STREET ADDRESS S	
SIGNATURE Signature, typed or printed name of registered agent and total if applicable (NOTE: Registered Agent signature required when reinstating) DATE	Code
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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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

24 August 12 Cause 11 Cause 12 Cause 13 Cause 14 Cause 14 Cause 15 Cause 15 Cause 16 Cause 16 Cause 16 Cause 17 Cause