2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000027395

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

9150 FT CAROLINE RD

JACKSONVILLE FL 32225

DOCUMENT #

FORT CAROLINE GARDENS, INC.

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

9150 FT CAROLINE RD

Suite, Apt. #, etc.

ROBINSON, MARY

1 INDEPENDENT OR

City & State

Zip

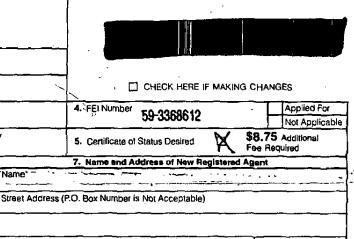
JACKSONVILLE FL 32225

2. Principal Place of Business

FILED Jun 11, 2003 8:00 am Secretary of State

04-29-2003 90130 001 *****8.75 04-29-2003 90130 002 ***150.00

55047477



SUITE 2600 Jacksonville FL 32202 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ueb reer for Delete Addition TITLE TITLE ☐ Change GRAHAM, ALCIRA E NAME NAME 3610 SHAWNEE SHORES DR STREET ADDRESS STREET ADORESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP DANIEL CANO TITLE Delete V. Presi Change Addition 3610 Shawnee Shores A NAME STREET ADORESS STREET ADDRESS Jax. Fl. 3222 CITY-ST-ZIP CITY-ST-ZIP TITLE Alexandra Carpentient Change_ □ Addition Freasure r NAME NAME 10010 SKINDERS lak-DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P 32246 TITLE Delete < ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-5T-782 Delete m f TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

12. I hereby certify that the information supplied with this filling 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 attachnent with an address, with all other like empowered.

SIGNATURE:

4. CONTRICE BEAUSED 3-19-03 904-509-2470