FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90105 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084841

70025615

1. Entity Name
TREYCHRIS, INC.

Principal Place of Business	Mailing Address
4345 SOUTHPOINT BOULEVARD SUITE 100 JACKSONVILLE, FL 32216	4345 SOUTHPOINT BOULEVARD SUITE 100 JACKSONVILLE, FL 32216

2. Principal Place of Business	3. Mailing Address
4887 BELFORT RD	SAme
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc.
City & State JACKSONVille, FL	City & State
Zip 32256 Country DUVAL	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3405178 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUNN, MARSHALL D JR. 4345 SOUTHPOINT BOULEVARD SUITE 100 JACKSONVILLE, FL 32216	Name Street Address (P.O. Box Number is Not Acceptable) 4887 BELFORT RD. STE 201 City JACKSONVILLE FL Zip Code 32256

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT GUNN, LINDA L 4345 SOUTHPOINT BOULEVARD, SUITE 100 JACKSONVILLE, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4887 BELFORT RD STE 201 JACKSONVILLE, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUNN, MARSHALL D JR 4345 SOUTHPOINT BOULEVARD, SUITE 100 JACKSONVILLE, FL 32216 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4887 Belfort Rd Suite 201 Jacksonville, FL 32256
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CR2E034 (10/02)

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: [signature] 3/3/03 904-296-2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #