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

**FILED** May 01, 2003 8:00 am Secretary of State

05-01-2003 90365 016 \*\*\*150.00

Entity Name	WENT # P97000044 ey's inc.	4528		20037835		
	DO NOT WRITE					
2. Principal Place of Business		3. Mailing Address 3650 LENOX AVENUE				
3650 LENOX AVENUE Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State  JACKSONVILLE FL		City & State  JACKSONVILLE FL		4. FEI Number 59-3450227	Applied For Not Applicable	
Zip 32254	Country . USA	32254	Country USA	5. Certificate of Status Desired	\$8.75 Additional ee Required	
			The state of the s	7. Name and Address of Current Registered	Agent	
	DO NOT I	/DITE		, DAVID H.		
DO NOT WRITE			Street Address (	Street Address (P.O. Box Number is Not Acceptable) 4745 SUTTON PARK COURT		
	IN THIS SI	PACE	SUITE 1			
		. John A. G. Charle	City	EI	Zip Code	
R The above		117 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JACKSON	VILLE ed agent, or both, in the State of Florida. I am for	32224	
SIGNATURE .	Signature. hyped or printed name of registered agentuary 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00		(NOTE: Registered Agent organisation required	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check	Amended UBR is \$61.25 Payable to Florida Department of	of State		Frust Fund Contribution. L.	Added to Fees	
10. 🚙	OFFICERS ANI	D DIRECTORS	11	A CAR TO THE CONTROL OF THE CONTROL OF THE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/V/S/T DICEY, GERRY A. 1864 BUCCANEER DE JACKSONVILLE, FL		TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST; ZIP			
TITLE NAME STREET ADDRESS City-St-Zip			MAME STITE ADDRESS CITY-ST-ZIP.	DO NOT WRI	TE .	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	NAME STREET ADDRESS		TITLE NAME STREET ADDRESS GITY-ST-ZIP	IN THIS SPACE		
TITLE NAME			TILE NAME CIDECT ANIMOCOL			

12. Thereby 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 arn an officer or director of the corporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

CITY ST ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP THLE

STREET ADDRESS

CHY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/30/2003

Daytime Phone #