DOCUN 1. Entity Name	MENT # P970001	<u></u>			Sec	FILE 20, 2000 retary (0-2000 90112 0) 8:0()f Sta	ate
Principal Place	e of Business	Mailing Address			01-2	0-2000 90112 0.	J4 IJ(
541 HARRISON AVE. ORANGE PARK FL 32065		950-23 Blanding BLVD. #313 Orange park FL 32065				. .		
	ace of Business Bentridge Ct #, etc.	3. Mailing Address <i>PMB</i> 313, 950-23 Blanding Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e Park, FL	City & State Orange Park, FL			4. FEI Number 59-3482320 Applied For Not Applicable			
Zip Country 32065		Zip 32065	Country		5. Certificate of Status Desired Status Desir			litional
· · · ·	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of		lgent	
541 ł	S, HARVEY N HARRISON AVE.	Har			(P.O. Box Number is Not Acceptable)			
ORAI	NGE PARK FL 32065			183 ange	Bentridge Park	<i>Ct</i> . FL	Zip Code	065
SIGNATURE	named entity submits this statement for Signature, typed is printed name of registered agent as ration is eligible to satisfy its Intangible equirement and elects to do so.	Harriey A na tite it applicable. (NOTE:	Hegistered Agent signatu		es dent	DATE		0 May Be
(See criteri	·	Make Check Payabl			ADDITIONS/CHANGES			
11. TITLE NAME STREET ADDRESS	P MOSS, HARVEY N. 541 HARRISON AVE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Har 248	vcy N. Mo. 3 Bentridg ge Park,	ss. ie Gt.	Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORANGE PARK FL 32065 S MOSS, DEBRA J. 541 HARRIOSN AVE ORANGE PARK FL 32065	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J Deb.	ra J. Moss Rentridg nge Park,		Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME		-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP				Change	Addition
indicated of the corr	URE:	true and accurate and that m wered to execute this report a	ny signature shall h as required by Cha	ave the sa opter 607, I	me legal effect as if mad	le under oath; that I a t my name appears i	am an officer	or director Block 12 if