2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P98000019400 **DOCUMENT #**

1. Entity Name

BLDG 1., STE 2 GAINESVILLE FL 32606

THIRTY-NINTH AVENUE PROFESSIONAL CENTER, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90144 011 ***150.00

		GOO WE THO					
Principal Place of Business	Mailing Address	•	1				
3901 SW 20TH AVENUE	3901 SW 20TH AVENUE						
SUITE 901	SUITE 901						
GAINESVILLE FL 32607	GAINESVILLE FL 32607		I INDICATE NO CREATIVE BRICK BRICK COURSE BASE	181 (1818 1811) BIBN BBN BBN 1881			
US	U\$						
2. Principal Place of Business	3. Mailing Address			 			
618 NW 60th St	Lets Nu Louth	くよ					
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
Suite A	Suite A	Suite A		☐ CHECK HERE IF MAKING CHANGES			
City & State	City & State	·	4. FEI Number	Applied For			
Crainesville FL	- Coainesuille	L. FL	59-3505506	Not Applicable			
Zip Country	Zip Coun	try 1		\$8.75 Additional			
33607 US	<u> </u>	5	5. Certificate of Status Desired	Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
		Name					
JOHNSON, CARL L			T				
4421 NW 39TH AVE		Street Address (F	P.O. Box Number is Not Acceptable)				

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

City

1110 00	agailorio or rogistorea agent.		
SIGNATU	E		
	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 10.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10.	OFFICERS AND DIRECTORS						
311102107445 BIRCOTORO		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D	☐ Delete	TITLE	,		ıge	Addition
NAME	JOHNSON, CARL L		NAME				Addition
STREET ADDRESS	4421 NW 39TH AVE., BLDG 1 STE 2		STREET ADDRESS	(c_{-})	1		
CITY-ST-ZIP _	GAINESVILLE FL 32606		; CITY-ST-ZiP ع	" (Same)	· 	
			بيوني ۱۰۰۱۱۲-۱۶		- · · · · · · · · · · · · · · · · · · ·	in elektrolik ke <u>rre</u>	æ- ·
TITLE		☐ Delete	TITLE	 		Change	☐ Addition
NAME	PUGH, MERRILL		NAME	Puch m			_
STREET ADDRESS	3901 SW 20TH AVENUE SUITE 901		STREET ADDRESS	1. 22. 11. 15e	درز در ه چل هی به	Suite	1
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP			5 .	}
TITLE				Lainesville	<u> </u>	المالا	
·		☐ Delete	TITLE	<u> </u>	•	* Change	☐ Addition
NAME	PIA, JOHN		NAME	BIB JOPU			
STREET ADDRESS	3901 SW 20TH AVE SUITE 901		STREET ADDRESS	618 NU 601	th five	Swite A	
CITY-ST-ZIP	GAINESVILLE FL 32607		CITY-ST-ZIP	Carnesui	10 5	32607	1
TITLE		☐ Delete	TITLE	Own CITES OF	100/	☐ Change	- Addising
NAME		L Delete	NAME			☐ Change	☐ Addition
STREET ADDRESS							
CITY-ST-ZIP			STREET ADDRESS				
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STREET ADDRESS			STREET ADDRESS				ĺ
CITY-ST-ZIP							ĺ
511 51 ZII			CITY-ST-ZIP				

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119:07(3)(f). 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

Date

Daytime Phone #

Change

☐ Addition