FROM : BUSINESS CHOICE, INC. FAX NO. : 954 7821899

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90165 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031542

1. Entity Name
CITYSTONE, INC.

Principal Place of Business
~~11246 DISTRIBUTION AVE EAST~~
~~JACKSONVILLE FL 32256~~

Mailing Address
~~11246 DISTRIBUTION AVE EAST~~
~~JACKSONVILLE FL 32256~~

2. Principal Place of Business: 11459 Phillips HGWY
Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL
Zip: 32256 Country: USA

3. Mailing Address: 11459 Phillips HGWY
Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL
Zip: 32256 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3504832 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALCANTARA, WELLINGTON M
4528 CRAVEN ROAD WEST
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name: ALCANTARA, WELLINGTON
Street Address (P.O. Box Number is Not Acceptable): 9151 STARPASS DR
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	~~P ALCANTARA, WELLINGTON 4528 CRAVEN ROAD WEST JACKSONVILLE FL 32257~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALCANTARA, WELLINGTON 9151 STARPASS DR JACKSONVILLE, FL 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] WELLINGTON ALCANTARA 4/30/03 (904) 880-7669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #