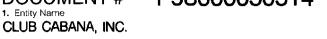
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P98000050514

Mailing Address

Principal Place of Business





**FILED** Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90052 019 \*\*\*150.00

1239 ROGERO JACKSONVILI		1239 ROGERO RD JACKSONVILLE FL 32211  3. Mailing Address					A TREATH AND LOCAL COLOR				
2. Principal P	Place of Business										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						E-IF-MAKING	<u>CHANGES</u>		
City & Stat	е	City & State				4.	4. FEI Number 65-0853853 Applied For				
Zip	Country		Zip Coun			5.	Certificate of Status Desired		- \$8.75 Additional		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent						
TAGLIONE, RAYMOND J 1239 ROGERO RD					Name Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32211					City			FL	Zip Cod	le	
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent					registered a		DATE		and accept	
Make Check	May 1, 2003 Fee will be \$550.00 Payable to Florida Department of				·		Trust Fund Contribut	ion.	Added	d to Fees	
10.	OFFICERS AND	DIRECTO		11.		A	DDITIONS/CHANGES TO OF	FICERS AND			
TITLE * INAME STREET ADDRESS CITY-ST-ZIP	D Taglione, raymond J 1239 Rogero RD Jacksonville FL 32211	-	☐ Delete		T ADDRESS ST-ZIP	·			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* =		□ Delete			1 11 72 7		-	☐ Change	Addition	
TITLE NAME STREET ADDRESS   CITY-ST-ZIP		,	□ Delete		T address St-zip				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete		T ADDRESS 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 the empowered.

**SIGNATURE:**