2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P980000 77854 Fast Track Services. 04-17-2001 90069 001 ***150.00 Principal Place of Business Mailing Address 10920 Baymeadows Rd. 10920 Baymeadows Ro Suite 27 Suite 27 Jacksonville, Fl.3225 Mailing Address 10920 Baymeadows Rd. Suite, Apt. #, etc. Suite #27 DO NOT WRITE IN THIS SPACE suit e City & State 4. FEI Number Applied For Jacksonville, 59-3530462 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent North Thind St. Attorney-At-L Same Street Address (P.O. Box Number is Not Acceptable) MeBeach, Fl. 32250 1831 ent for the purpose of changing is registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOWIN FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 -Trust Fund Contribution. ——— Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CRZE034 (11/00) TITLE Director ☐ Delete Raynovic, Kathleon 201 Pheasant Run Ponte Jedra Beach, Fl. 32082 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Director, TITLE ☐ Delete ☐ Change ☐ Addition waiss, mitchel NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE: Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empayment. 4/10/01 SIGNATURE: 904*-*538-0880