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

Mailing Address

PONTE VEDRA BEACH FL 32004

P O BOX 757

P98000081588 DOCUMENT

1. Entity Name

615 A1A NORTH

SUITE 102

Principal Place of Business

PONTE VEDRA BEACH FL 32082

NATIONAL FEE FOR SERVICE, INC.



FILED Jan 14, 2003 8:00 am **Secretary of State**

01-14-2003 90081 002 ***150.00

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2. Principal Place of Business 3. Mailing Address 200 SOLANA Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3554347 DNGE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32082 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANYAS, WAINE Street Address (P.O. Box Number is Not Acceptable) 615 A1A N. SUITE 102 PONTE VEDRA BEACH FL 33082 City Zip Code 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 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 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD ☐ Delete TITLE ☐ Addition ☐ Change NAME BANYAS, WAYNE NAME STREET ADDRESS 615 A1A NORTH STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GERSONS, RICHARD D NAME STREET ADDRESS STREET ADDRESS 615 A1A NORTH CITY-ST-ZIP PONTE VEDERA BEACH FL 32082 CITY-ST-7IP TITLE Detete TITI F ☐ Change ☐ Addition NAME STEWART, DOTTYE A M.B.A. NAME STREET ADDRESS 615 A1A NORTH STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE ☐ 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP