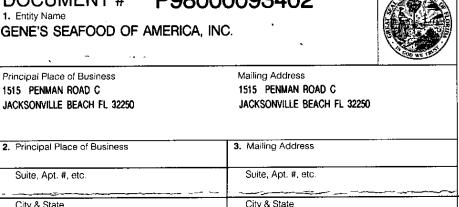
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000093402 **DOCUMENT #**



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90002 037 ***150.00

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Principal Place of Business 1515 PENMAN ROAD C JACKSONVILLE BEACH FL 32250		Mailing Address 1515 PENMAN ROAD C JACKSONVILLE BEACH FL 32250		// · · · · · · · · · · · · · · · · · ·	88 HILL BYEN BENN NAV (BA)
9 Dinainal D	less of Dunings	3. Mailing Address			
z. Principal P	lace of Business	3. Mailing Address		19.41	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING	CHANGES
City & State		City & State		4. FEI Number 59-3539456	Applied For Not Applicable
Zip	Country	Zip	Country		8.75 Additional ee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	jent
			Name	•	
RADY, MITCHELL J 1515 PENMAN RD. SUITE C		Street Address		(P.O. Box Number is Not Acceptable)	
JACKSON	VILLE BEACH FL 32250				
			City	FL	Zip Code
		r the purpose of changing its	s registered office or reg	istered agent, or both, in the State of Florida. I am fa	miliar with, and accept
the obligat	ions of registered agent.				
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if anoticable (NO	TE: Registered Agent signature re	quired when reinstating) DATE	
		and the mappingable. (110	TE. Hegistered Agont signature to	quiece their emidding,	
. F After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be
Make Checi	R Payable to Florida Department of	f State		Hust fund Continuation	
10	OFFICERO AND				
10.	· · · · · · · · · · · · · · · · · · ·	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PVST	DIRECTORS Delete	TITLE		
	· · · · · · · · · · · · · · · · · · ·				
TITLE	PVST RADY, MITCHELL J		TITLE NAME		☐ Change ☐ Addition
TITLE	PVST RADY, MITCHELL J 1515 PENMAN ROAD SUITE C		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Change ☐ Addition
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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.

IGNATURE:

| Signature and types or printed name of Signature or Director
| Dayline Phone #

904, 249,5905