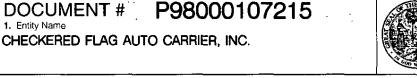
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)





FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90144 015 ***150.00

						1	TEST	-						
Principal Place of Business 10960 BEACH BLVD 407 JACKSONVILLE FL 32210			P.O. 1	Mailing Address P.O. BOX 441691 JACKSONVILLE FL 32222				1	1 3 8/1881 (18 1818) (1			! 1 12/1 1 /12 / 1		
2. Principal F	ng Address													
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.					☐ CHEC	K HERE IF	MAKING (CHANGES		
City & Stat	te		City	City & State				4. FEI Number 59-3551127 Applied For Not Applicable						7
Zip Country—			Zip	Zip Cu			5	. Certif	icate of Status [8.75 Add	litional	1
6. Name and Address of Currer			rrent Begister	nt Registered Agent				7. Name and Address of New Registered Agent					-	┥
	U. IVallie	and Address of Cu	Terri negister	su Agent		Name		, Ivanie	and Address	or new ries	nateled Ag	<u></u>		†
10960 BE	3, DONALD ACH BLVD IVILLE FL 32						ddress (P.O.	. Box N	umber is Not Ac	cceptable)				-
JACKSON	IVILLE PL 37	:240				City					FL	Zip Code		$\frac{1}{2}$
	tions of regist	y submits this statem ered agent.			-		registered a			ate of Floric	da. I am far	niliar with,	and accept	
Afte Make Chac	ILE NOW!! r May 1, 200 k Payable to						9. Election Cam Trust Fund Co	ontribution.		Added	0 May Be to Fees	7		
10.	լ	OFFICERS	AND DIRECTO		11.			ADDITIO	ONS/CHANGES	TO OFFICE				۽ ⊦
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCCLUNG, JACKIE 7529 PPATRICE CT JACKSONVILLE FL 32210		REM	. Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP					[☐ Change	☐ Addition	7004 /40/00
TITLE NAME STREET ADDRESS "CITY-ST-ZIP"	PT MCCLUNG 7529 PATE JACKSON	, DONALD RICE CT VILLE FL°32210		Delete			Pags.	Sec				C hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		í	•			ATTENDED TO MANY		Change =	Addition:	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							C	☐ 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 peop 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. changed, or on an attachment with an address, with all other like emp

SIGNATURE:

4-20-03

904-613-5000