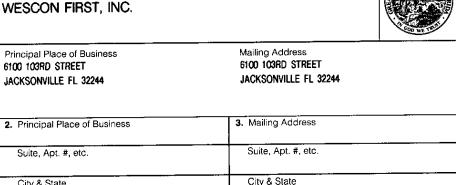
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000026671

1. Entity Name



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90057 041 ***150.00

Principal Place of Business 100 103RD STREET ACKSONVILLE FL 32244		Mailing Address 6100 103RD STREET JACKSONVILLE FL 32244					
2. Principal Place of Business		3. Mailing Address				<u> </u>	181 (181 1 58)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number 59-3571884	<u> </u>	olied For Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Addi	tional
·	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New Registe	red Agent	
				Name			
	ER, CLAYTON J _y point road east		Stree	t Address (P.O.	Box Number is Not Acceptable)	·	
	PARK FL 32073						
'-	All I L OLO/ O		City	· 		FL Zip Code	
the obligati	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a			e or registered a		am familiar with, a	and accept
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	<u>.</u>	11.		Election Campaign Financine Trust Fund Contribution. DDITIONS/CHANGES TO OFFICERS	☐ Added	May Be to Fees
TITLE	PD	□ Delete	TITLE			☐ Change	Addition
NAME Street Address : City-St-Zip	KICKLIGHTER, CLAYTON J 2556 HOLLY POINT ROAD EAST ORANGE PARK FL 32073	- C0000	NAME STREET ADDRE	ss			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KICKLIGHTER, PAXTON L 5422 SELTON AVE. JACKSONVILLE FL 32277	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Change	Addition
TITLE NAME	STD KICKLIGHTER, HILDA A 5422 SELTON AVE. JACKSONVILLE FL 32277	☐ Delete	TITLE NAME STREET ADDRE	iss		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KICKLIGHTER, HARRIET J 2556 HOLLY POINT ROAD EAST ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ess		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS	-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP			☐ Change	Addition
12 I hereby	certify that the information supplied with	n this filing does not qualify fo	r the exemption	stated in Sectio	n 119.07(3)(1), Florida Statutes. I furth	er certily triat tile if	HOHHAUUH

increase certain that the information supplied with this tiling 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 attachage with a pagingss with all of the properties of the corporation of the receiver or trustee.

SIGNATURE: