

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 013 ***150.00

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

DOCUMENT # **P99 0000 35071**
 1. Entity Name
MRE of Jax, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1425 Caddell Rd
 Suite, Apt. #, etc.

3. Mailing Address
1425 Caddell Rd
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32217 Country
US

Zip
32217 Country
US

4. FEI Number
59-3570144 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
 IN THIS SPACE**

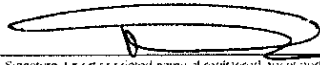
7. Name and Address of Current Registered Agent

Name: **Debra S Hill, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
1425 Caddell Rd

City **Jacksonville** FL Zip Code **32217**

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.

SIGNATURE  **4.28.02**
Signature, typed or printed name of registered agent and title if applicable. (FCIF) Registered Agent signature required when re-stating. DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **January 1 - May 1: Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President, Director	MARK S. Rowden	1425 Caddell Rd, Jax, FL	32217				
Secretary, Director	Debra S Hill	1425 Caddell Rd, Jax, FL	32217				

**DO NOT WRITE
 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4.28.02** 904 545-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)