	UNIFORM BUSI		RT (UBI	R)	FII	ED	
DOCUMENT # P9900035466				Jun 02, 2000 8:00 am			
Welcome Home Realty of				Secretary of State			
Jacksonville, Inc. /				06-02-2000 90008 016 ***150.00			
Principal Place	PINECIOLIE AVE.	Mailing Address 4723 Pin		Ave			
Jacksonville, FL Jacksonville, FL 32207					103881		
2. Principal Place of Business 4717 <u>PINEdale Ave</u> Suite, Apt. #, etc. 3. Mailing Address 4717 <u>PINEdale Ave</u> . Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE		
City & State	smulle El	Jack Sconville	51		4. El Number 25 QA (7A)	7	plied For
Zin	SONVILLE, FC.	Zip	Country		5Certificate of Status Desired	\$8.75 Add	ht Applicable
3220	6. Name and Address of Current R	3-220-7-	- · ·	-	7. Name and Address of New Registere		d' ****
KnKC) Head		Name				
2970	> Hartley RC	x, Ste ION	Street A	ddress (I	P.O. Box Number is Not Acceptable)		
Jacksonville, FC 32257					FL Zip Code		
8. The above r	named entity submits this statement for	the purpose of changing its re-	gistered office of	r registere	ed agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: R	legistered Agent signal	ure required	when reinstating) DAT		
	ration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! After MAY 1, 2000 Make Check Payable	ふうをやく マンマン ふちんこう くうら	550.00	10. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees
11 .	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS		L Delete	TITLE NAME STREET ADDRESS	147	ndee Lofton 17 Pinedale Ave	Change []	A 101
		Delete	CITY-ST-ZIP TITLE	D^{α}	CKSOnville, FL 32207	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS CITY-ST-ZIP	471	seph Peters 7 Pinedale Ave. Ksonville, PC 32207.		
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CITY-ST-ZIP			CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		L Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Unange	
13. I hereby ce indicated c of the corp	on this report or supplemental report is to boration or the receiver or trustee empow or on an attachment with an address, with URE: Attument with an address, with	rue and accurate and that my rered to execute this report as	signature shall r required by Cha	iave the s	ction 119.07(3)(i), Florida Statutes. I further same legal effect as if made under oath; that , Florida Statutes; and that my name appear 310 App. 00 90	i am an oilicei	