Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90165 008 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000038620

1. Entity Name

EARTHWORKS OF NORTHEAST FLORIDA, INC.



			WE THE	/
Principal Place of Business 103 CENTURY 21 DR #215 JACKSONVILLE FL 32216		Mailing Address 103 CENTURY 21 DR #215 JACKSONVILLE FL 32216		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3575952 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
akel, da One inde	niel d Ependent drive, suite 2301		Street Address	s (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32202			City	⊏ ¶ Zip Code
				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regist	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature requi	ired when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D COOK, JEFFREY 103 CENTURY 21 DRIVE, #215 JACKSONVILLE FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, MARK 103 CENTURY 21 DRIVE, #215 JACKSONVILLE FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME Street address City-St-Zip	D COLBERT, DENNIS T 10440 SYLVAN LANE WEST JACKSONVILLE FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chànge ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE!