

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 036 ***150.00

DOCUMENT # P99000067943

1. Entity Name
JACKSONVILLE RESTORATION & PRESERVATION SERVICES

640015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4579 LENOX AVE.
Suite, Apt. #, etc.

3. Mailing Address
4579 LENOX AVE.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL JACKSONVILLE, FL 4. FEI Number 593606193 Applied For Not Applicable

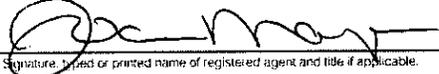
Zip 32205 Country USA Zip 32205 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MANGE, JOANN
Street Address (P.O. Box Number is Not Acceptable) 4579 LENOX AVE.
City JACKSONVILLE FL Zip Code 32205

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  4/15/02 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	TITLE	
NAME	MANGE, JOANN	NAME	
STREET ADDRESS	4579 LENOX AVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MANGE, JRY JOSEPH W.	NAME	
STREET ADDRESS	4579 LENOXCAVE.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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)(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 11 or on an attachment with an address, with all other like empowered.

4/15/02 904-786-9476

CR2E034B (12/01)