2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103441

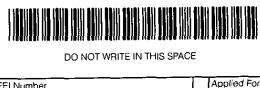
Entity Name

SOFT SHELL TURTLE, INC.

Principal Place of Business Mailing Address 7023 LENCZYK DR. JACKSONVILLE FL 32277 2. Principal Place of Business Suite, Apt. #, etc. City & State 7. Name and Address of New R PARKER-ROGERS, JUDY A 7023 LENCZYK DR. Suite, Apt. #, etc. DO NOT WRITE 5. Certificate of Status Desired Name PARKER-ROGERS, JUDY A 7023 LENCZYK DR.

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90121 041 ***150.00



Zip		Country	Zip ····	-Coun	try -	5. (Certificate of Status Desired		8.75 Addi ee Required		
	6 Name	and Address of Current R	egistered Agent			7. N	lame and Address of New Regi	stered A	gent		
	U. Italiic	, uniq Addition of the control of th			Name						
PARKER-ROGERS, JUDY A 7023 LENCZYK DR.						Street Address (P.O. Box Number is Not Acceptable)					
		FL 32277							;	· .	
					City			FL	Zip Code		
. The above	named enti	y submits this statement for	the purpose of changing its	register	ed office or re	egistered ag	ent, or both, in the State of Florid	a.			
IGNATURE _	Signature, types	d or printed name of registered agent an	d title if applicable. (NOT	É Registere	d Agent signature	required when re	sinstating)	DATE			
Tax filing re		gible to satisfy its Intangible and elects to do so.	After MAY 1, 20	FILE NOW!!! FEE IS \$15 After MAY 1, 2000 Fee will be Make Check Payable to Departm			10. Election Campaign Finan Trust Fund Contribution.		Added	May Be to Fees	
1.		OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICE	ERS AND	DIRECTORS	3 IN 11	
TLE AME TREET ADDRESS	7023 LEN	ROGERS, JUDY A ICZYK DR. NVILLE FL 32277	☐ Delete						☐ Change	☐ Addition	
TLE AME TREET ADDRESS ITY-ST-ZIP		TYCLE I S SALTY	☐ Delete	_		,	-		☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			□ Delete					•	☐ Change	☐ Addition	
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ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete		1				☐ Change	Addition	
ITLE IAME STREET AODRESS SITY-ST-ZIP			☐ Delete	CIT	ME BEET ADDRESS Y-ST-ZIP		110 07(3)(i) Elocida Statutes I fi	urthor and	☐ Change	Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AUGUATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/03

904 745-9944

Daytime Phone #

CR2F034 /9/

Not Applicable