## FILED Mar 12, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Zip Country Zip Country S. Certificate of Status Desired   \$8.75 Addition Fee Requirement Country   S. Certificate of Status Desired   \$8.75 Addition Fee Requirement Country   Street Address of New Registered Agent   Name	1. Entity Nam	JMENT # <b>V5442</b> 	<b>?</b> 7				<b>Secreta</b> 3 03-12-2003 90	ry of St. 10073 028 ***150		
Suite, Apt. #. etc.   Suite, Apt. #. etc.   City & State   Country	3028 N.E. 19TH DRIVE GAINESVILLE FL 32609		3028 N.E. 19TH DRIVE GAINESVILLE FL 32609					1811 81811 81811 81811 81811 81811 1811 81811 81811 81811 81811 81811		
City & State  Country  Coun	2. Principal Place of Business		3. Mailing Address				i Peril Bildel Billi dieli divin Illis i	HODE BIOGRAFIE BYON DIEN	8 8   <b>8 8 </b>	
Zip Country Zip Country S. Certificate of Status Desired Status Desired Set 75 Addition Fee Required  8. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Required  BLANKENSHIP, CUNTON O. 3028 N.E. 19TH DRIVE  GAINESVILLE FL 32601  City FL Zip Code  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. i am familiar with, and this obligations of registered agent.  SIGNATURE Signature, typed or protect name of registered agent.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME STREET ADDRESS  STR	Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of registered agent, or both, in the State of Florida. I am familiar with, and the propession of Florida agent	City & Stat	te	City & State			4.	. FEI Number <b>59-3134455</b>	<b>⊢</b>	pplied For lot Applicable	
BLANKENSHIP, CLINTON 0. 3028 N.E. 19TH DRIVE GAINESVILLE FL 32601  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. i am familiar with, and the poligations of registered agent, used on protect name of registered agent and stell applicable. (NOTE: Registered Agent signature required when reliability)  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE SIRECT ADDRESS OITY-ST-ZIP  TITLE NAME SIRECT ADDRESS CITY-ST-ZIP  TITLE N	Zip Country		<u> </u>	Country		5.	. Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	DI VNIKENI		Registered Agent		Name	7-	Name and Address of New Reg	jistered Agent		
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and this poligiations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and sate if experiently.	3028 N.E. 19TH DRIVE				Street Address (P.O. Box Number is Not Acceptable)					
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MAME STREET ADDRESS CITY-ST-ZIP  BLANKENSHIP, CLINTON O. 3028 N.E. 19TH DR. GAINESVILLE FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Delete TITLE Delete TITLE Delete	10		DIRECTORS	11.		A	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 11	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. 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 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 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 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 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 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 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 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 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 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 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 supplied with 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME Stree City-	ET ADDRESS ST-ZIP				☐ Addition	