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

## **FILED** Apr 17, 2003 8:00 am Secretary of State

03-03-2003 90947 011 \*\*\*150.00

3/.

1. Entity Nam										
Principal Place of Business Mailing Address  1971 DOBBS RD 1971 DOBBS RD ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086					ł ( <b>20</b> )/ <b>ro</b> t Ju		1 <b>20</b> m 82m 20m	<b>2</b> (174 <b>0 2</b> 9411 4 <b>0</b> 04	t Jihir fiel Jeer	
2. Principal Place of Business		3. Mailing Address		$\overline{}$						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State		4	1. FE) Number 59-32	20980	>	<del></del>	pplied For lot Applicable	;
Ζip	Country	Zip	Country		5. Certificate of S	tatus Desired	<b>-</b> -	\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent	Name	7	. Name and Ad	fress of Nev	v Registered	Agent		1
HUBBARD, KIM K 1106 PARK AVE			Street Add	Street Address (P.O. Box Number Is Not Acceptable)						
ORANGE PARK FL 32073										
	•	,	City		<del></del>		FI	Zip Cod	de	1
	named entity submits this statement fo ons of registered agent.	r the purpose of changing its i	registered office or re	gistered	agent, or both, in	the State of	Florida. I am	familiar with,	and accept	1
SIGNATURË _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature	required who	n (einstating)		DATE			
Fi After Make Check		9. Election Campaign Financing \$5.00 In Trust Fund Contribution.			May Be to Fees					
10.	. OFFICERS AND		11.		ADDITIONS/CHA	NGES TO O	FFICERS AN	D DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEARN, RICHARD E 1971 DOBBS RD ST AUGUSTINE FL 32086	☐ Delete	NAME (	193	H, Richa Estrancia Angustine	57.	32086	Change	Addition	F034 (10/02)
TITLE NAME STREET ADDRESS	D MCCORKINDALE, ANDREW 1971 DOBBS RD	☑ Delete	TITLE NAME STREET ADDRESS		.,		<u> </u>	Change	☐ Addition	CB2
CITY-ST-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP				<del></del>	П съ	□ 142°	┦
NAME STREET ADDRESS CITY-ST-ZIP	D	Ø 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	in Contin	n 110.07/2W\\ T	wida Chatra	1 further co	Change	Addition	

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:

SKINATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

904.829-3704

Daytime Phone #