2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90194 019 ***150.00

DOCUMENT # 164403

1. Entity Name
SETZER'S WAREHOUSING CORPORATION, INC.

Principal Place of Business	Mailing Address
~~50 N LAURA ST~~	~~50 N LAURA ST~~
~~SUITE 2000~~	~~SUITE 0900~~
~~JACKSONVILLE FL 32202~~	~~JACKSONVILLE FL 32202~~
US	US

600019034

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
c/o L.R.S. Co.			
Suite, Apt. #, etc.: 903 University Blvd. N.		Suite, Apt. #, etc.	
City & State: Jacksonville, Fl.		City & State	
Zip: 32211-5529	Country: USA	Zip	Country

4. FEI Number 59-0842405 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~INTRASTATE REGISTERED AGENT CORPORATION~~	Name: Leonard R. Setzer
~~701 BRICKELL AVENUE~~	Street Address (P.O. Box Number is Not Acceptable): 903 University Blvd. N.
~~SUITE 3000~~	City: Jacksonville **FL** Zip Code: 32211-5529
~~MIAMI FL 33131~~	

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 accept the obligations of registered agent.

SIGNATURE Leonard R. Setzer [signature] Pres 3-27-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SETZER, LEONARD R		NAME		
STREET ADDRESS	903 UNIVERSITY BLVD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 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: SIGNATURE REQUIRED [signature] 3-27-03 904-743-0880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #