

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90005 048 ***550.00

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| DOCUMENT # 434353 | | | | | | | | | | | | | |
| 1. Entity Name RICHARD P. CLARSON AND ASSOCIATES, INC. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Principal Place of Business 1643 NALDO AVENUE JACKSONVILLE FL 32207 | | | | | | | | | | | | | |
| Mailing Address 1643 NALDO AVENUE JACKSONVILLE FL 32207 | | | | | | | | | | | | | |
| 2. Principal Place of Business | | | | | | | | | | | | | |
| 3. Mailing Address | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | | | | | | | | | | | | |
| City & State | | | | | | | | | | | | | |
| Zip Country | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | | | | | | | |
| SANDS, J. KEITH M 1325 HENDRICKS AVE., STE. 200 JACKSONVILLE FL 32207 | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | |
| Street Address () | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or register | | | | | | | | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small> | | | | | | | | | | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of State | | | | | | | | | | | | | |
| 11. OFFICERS AND DIRECTORS | | | | | | | | | | | | | |
| 12. | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width: 50%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td></tr></table> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
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| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sec indicated on this report or supplemental report is true and accurate and that my signature shall have the s of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | | |
| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | | | |

DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)

9-7-01

904-396-2623