

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90119 027 \*\*\*158.75

**DOCUMENT #** F45311 ✓  
1. Entity Name  
**REGISTER CONTRACTING COMPANY, INCORPORATED**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**540 N. LANE AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 43176**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**JACKSONVILLE, FL 32254**

City & State  
**JACKSONVILLE, FL 32203**

4. FEI Number  
**59-2119580**

Applied For  
 Not Applicable

Zip  
**32254**

Country  
**USA**

Zip  
**32203**

Country  
**USA**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **CT CORPORATION SYSTEM**  
Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**  
City **PLANTATION** FL Zip Code **33324**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
BEN H. CHILDERS, III  
540 N. LANE AVENUE  
JACKSONVILLE, FL 32254**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VICE PRESIDENT  
GARY E. REGISTER  
540 N. LANE AVENUE  
JACKSONVILLE, FL 32254**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ASSISTANT CORPORATE SECRETARY  
PAMELA K. MURRAY  
540 LANE AVENUE  
JACKSONVILLE, FL 32254**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CORPORATE SECRETARY  
JANN FISHER  
3323 W. COMMERCIAL BLVD. SUITE 200  
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE IN THIS SPACE**


TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TREASURER AND DIRECTOR  
GERARD MOZIAN  
3323 W. COMMERCIAL BLVD. SUITE 200  
FORT LAUDERDALE, FL 33309**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRECTOR  
JOHN LARIMER  
3323 W. COMMERCIAL BLVD. SUITE 200  
FORT LAUDERDALE, FL 33309**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ben H. Childers, III, President**

**April 15, 2002** **904-358-2333**  
Date Daytime Phone #

CR2E0345 (12/01)