2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

FILED Mar 13, 2001 8:00 am Secretary of State **DOCUMENT # G21960** 1. Entity Name ATLANTIC BUILDERS, INC. 03-13-2001 90393 001 ***300.00 Mailing Address Principal Place of Business 7800 BELFORT PKWY., SUITE 200 7900 BELFORT PKWY.. SUITE 200 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2331345 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name J. THOMAS GILLETTE, III Street Address (P.O. Box Number is Not Acceptable) 7800 BELFORT PKWY., SUITE 200 JACKSONVILLE FL 32256 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00-May-Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete NAME LANIUS, WILLIAM R NAME STREET ADDRESS STREET ADDRESS 7800 BELFORT PKWY #200 CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME HOURITHAN, JOHN D STREET ADDRESS STREET ADDRESS 7800 BELFORT PKWY CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ZICH, JONATHAN D NAME STREET ADDRESS 7800 BELFORT PKWY #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Addition ☐ Change ☐ Delete TITLE TITLE GILLETTE, THOMAS J III NAME NAME STREET ADDRESS 7800 BELFORT PKWY # 200 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Newman