2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 06, 2002 8:00 am H85677 DOCUMENT # **Secretary of State** 1. Entity Name 02-06-2002 90021 043 ***150.00 BANNING MANAGEMENT, INC. Principal Place of Business Mailing Address 6015 MORROW STREET E. 6015 MORROW STREET E. STF 107 STE 107 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2618846 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SULLIVAN, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 6015 MORROW STREET E. STE 107 JACKSONVILLE FL 32217 City 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 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE BANNING, TERENCE K. NAME NAME 6015 MORROW ST. E #211 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32217 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE SULLIVAN, RAYMOND NAME NAME STREET ADDRESS 6015 MORROW ST., E., #217 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32217 CITY-ST-7IP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS 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 Block 12 if

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