

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90294 001 ***150.00

DOCUMENT # L03388
 1. Entity Name
SETI CORPORATION

Principal Place of Business 200 W. FORSYTH STREET STE. 1730 JACKSONVILLE FL 32202 US	Mailing Address 200 W. FORSYTH STREET STE. 1730 JACKSONVILLE FL 32202-4359 US
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2. Principal Place of Business ONE INDEPENDENT DRIVE	3. Mailing Address ONE INDEPENDENT DRIVE
Suite, Apt. #, etc. SUITE 2000	Suite, Apt. #, etc. SUITE 2000
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL



DO NOT WRITE IN THIS SPACE

Zip 32202	Country US	Zip 32202	Country US
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4. FEI Number 59-2958981	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DRAUGHON, RICHARD SCOTT
 200 W. FORSYTH STREET
 STE. 1730
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE
SUITE 2000
City JACKSONVILLE
State FL
Zip Code 32202

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)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 DPST	<input type="checkbox"/> Delete
NAME DRAUGHON, RICHARD SCOTT	
STREET ADDRESS 200 W. FORSYTH STREET, STE. 1730	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME DRAUGHON, RICHARD S	
STREET ADDRESS 200 W FORSYTH ST STE 1730	
CITY-ST-ZIP JACKSONVILLE FL 32202	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPVST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DRAUGHON, RICHARD SCOTT	
STREET ADDRESS ONE INDEPENDENT DRIVE SUITE 2000	
CITY-ST-ZIP JACKSONVILLE, FL 32202	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: **RICHARD SCOTT DRAUGHON** **4/27/00** **(904) 358-3777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)