

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # L03388

1. Entity Name
SETI CORPORATION

Principal Place of Business ONE INDEPENDENT DRIVE STE. 2000 JACKSONVILLE 32202 US	FL	Mailing Address ONE INDEPENDENT DRIVE STE. 2000 JACKSONVILLE 32202 US	FL
--	----	--	----

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
--	---------	--	---------

4. FEI Number
59-2958981
 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DRAUGHON, RICHARD SCOTT
 ONE INDEPENDENT DRIVE
 STE. 2000
 JACKSONVILLE
 32202 US

7. Name and Address of New Registered Agent
 Name
DRAUGHON RICHARD S
 Street Address (P.O. Box Number is Not Acceptable)
ONE INDEPENDENT DRIVE
 STE. 2000
 City
JACKSONVILLE **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 **SCOTT DRAUGHON** DATE **04/24/2001**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS DRAUGHON, RICHARD SCOTT <input type="checkbox"/> Delete ONE INDEPENDENT DRIVE, STE 2000 JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS DRAUGHON RICHARD S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE INDEPENDENT DRIVE, STE 2000 JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SCOTT DRAUGHON** DPVS Date **04/24/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)