

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91005 034 \*\*\*150.00

0021980 AV

**DOCUMENT # P01000042682**

1. Entity Name  
**MPS REALTY SERVICES, INC.**



Principal Place of Business  
**ONE INDEPENDENT DRIVE  
JACKSONVILLE FL 32202**

Mailing Address  
**ONE INDEPENDENT DRIVE  
JACKSONVILLE FL 32202**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3714604** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB DEWAN, DEREK E ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVT CROUCH, ROBERT ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVS HOLLAND, GREG ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*Please see attached*

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Gerald Robinson **REQUIRE** Gerald Robinson 4-25-03 904-360-2704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment <sup>80103717</sup> LO# P01000042682

**MPS Realty Services, Inc.  
Officers and Directors**

<b>Title</b>	<b>Name</b>	<b>Business Address</b>
SVP and Treasurer	Robert Crouch	One Independent Drive Jacksonville, FL 32202
Sr Vice President	Richard C. Fidgeon	One Independent Drive Jacksonville, FL 32202
Asst Secretary	Tyra Tutor	One Independent Drive Jacksonville, FL 32202
President	John Marshall III	One Independent Drive Jacksonville, FL 32202
<del>VP and Secretary</del>	<del>Gregory D. Holland</del>	<del>One Independent Drive Jacksonville, FL 32202</del>
VP of Taxes	Gerald Robinson	One Independent Drive Jacksonville, FL 32202
Director	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
Director	John Marshall III	One Independent Drive Jacksonville, FL 32202
Director	Tyra Tutor	One Independent Drive Jacksonville, FL 32202