

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


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90057 038 ***158.75

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DOCUMENT # P01000090533

1. Entity Name
INCEPTURE, INC.



Principal Place of Business
532 RIVERSIDE AVE.
JACKSONVILLE FL

Mailing Address
532 RIVERSIDE AVE.
JACKSONVILLE FL

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 59-3720231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MCGOWAN, MARK S
4800 DEERWOOD CAMPUS PKWY.
JACKSONVILLE FL 32246-8273

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	DOERR, R CHRIS	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-8	
CITY-ST-ZIP	JACKSONVILLE FL 32246-8773	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDEMAN, DONALD M	
STREET ADDRESS	8381 DIX ELLIS TRAIL STE 105	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, CHARLES S	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-7	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, DEANNE M	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-6	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'REILLY, BARRY	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 600-3	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGOWAN, MARK S	
STREET ADDRESS	4800 DEERWOOD CAMPUS PKWY 100-7	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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: Mark S. McGowan **3/13/03** **904 905 6570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Incepture, Inc.
Officers and Directors (Continued)

Officers and Directors		Add/Chgs To Officers and Directors	
Title Name Street Address City-St-Zip	T DELETE Scott Froyen 532 Riverside Avenue, 20T Jacksonville, FL 32202	Title Name Street Address City-St-Zip	T <input type="checkbox"/> Chg xx Add Jonathan Hogan 532 Riverside Avenue, 20T Jacksonville, FL 32202
Title Name Street Address City-St-Zip	P/CEO Curtis W. Lord 532 Riverside Avenue, 20T Jacksonville, FL 32202	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip	V Robert J. Wright 532 Riverside Avenue, 20T Jacksonville, FL 32202	Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add
Title Name Street Address City-St-Zip		Title Name Street Address City-St-Zip	<input type="checkbox"/> Chg <input type="checkbox"/> Add