2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State
03-28-2003 90056 012 ***150.00

DOCUMENT # P02000119713
1. Entity Name
ILC HOLDINGS, INC.

Principal Place of Business	Mailing Address
7077 BONNEVAL ROAD SUITE 600 JACKSONVILLE, FL 32216	7077 BONNEVAL ROAD SUITE 600 JACKSONVILLE, FL 32216

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O. BOX 1159	P.O. BOX 1159
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA BCH, FL	City & State: PONTE VEDRA BCH, FL
Zip: 32082 Country: ST. JOHNS	Zip: 32082 Country: ST. JOHNS

4. FEI Number 26-0061996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
F & L CORP.
200 LAURA STREET NORTH
JACKSONVILLE, FL 32202

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
Signature, typed or printed name of registered agent and title if applicable. (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: D NAME: BUCKLEY, RONALD F STREET ADDRESS: 7077 BONNEVAL ROAD #600 CITY-ST-ZIP: JACKSONVILLE, FL 32216	☐ Delete	TITLE: D/P/S/T NAME: BUCKLEY, RONALD F STREET ADDRESS: 6 FAIRFIELD BLVD STE 3 CITY-ST-ZIP: PONTE VEDRA BCH, FL 32082	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: V NAME: LESTER N. GARRIPEE STREET ADDRESS: 6 FAIRFIELD BLVD STE 3 CITY-ST-ZIP: PONTE VEDRA BCH, FL 32082	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: LESTER N. GARRIPEE - VICE PRESIDENT 3/26/03 904 280-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #