

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90127 040 ***150.00

DOCUMENT # P93000032873
 1. Entity Name
TRANSFER/RELOCATION CONSULTANTS, INC.

Principal Place of Business 9471 BAYMEADOWS RD. BUILDING 201 JACKSONVILLE FL 32256	Mailing Address 9471 BAYMEADOWS RD. BUILDING 201 JACKSONVILLE FL 32256
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9471 BAYMEADOWS Road	3. Mailing Address 5099 ATLANTIC VIEW
Suite, Apt. #, etc. SUITE 302	Suite, Apt. #, etc. -
City & State JACKSONVILLE, FL	City & State St. Augustine, FL
Zip 32256	Country DUVAL
Zip 32080	Country St. Johns

4. FEI Number 59-3320522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**BLOODWORTH, WILLIAM J
 9471 BAYMEADOWS RD.
 BLDG. 201
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent
 Name
William J. Bloodworth
 Street Address (P.O. Box Number is Not Acceptable)
5099 ATLANTIC VIEW
 City
St. Augustine FL Zip Code
32080

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOODWORTH, WILLIAM J <input type="checkbox"/> Delete 9471 BAYMEADOWS RD, STE 201 JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLOODWORTH, NANCY P <input type="checkbox"/> Delete 9471 BAYMEADOWS RD STE 201 JACKSONVILLE FL 32256
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	P William J. Bloodworth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5099 ATLANTIC VIEW St. Augustine, FL 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nancy P. Bloodworth <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5099 ATLANTIC VIEW St. Augustine, FL 32080
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: Nancy P. Bloodworth Darcy O. Bloodworth 4/10/2002 904-460-0354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)