2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 03, 2000 8:00 am DOCUMENT # P93000086646 **Secretary of State** RONALD L. SCALISI - ARCHITECT, P.A. 03-03-2000 90221 019 ***158.75 Mailing Address . Principal Place of Business 1309 N. ST. JOHNS BLUFF RD. 1309 N. ST. JOHNS BLUFF RD. 10823732JAKOSONVILLE FL 32225 JAKCSONVILLE FL 32225-7333 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3216834 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAYES, DENNIS E Street Address (P.O. Box Number is Not Acceptable) 233 EAST BAY ST. **SUITE 620** JACKSONVILLE FL 32202 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition ☐ Delete TITLE TITLE SCALISI, RONALD NAME NAME 2332 COVINGTON CREEK DR. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete SCALISI, EVELYN J NAME NAME 2332 COVINGTON CREEK DR. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Change Addition ☐ Delete

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 poport 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 of 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 of the corporation or the receiver of trusted changed, or on an attachment with an add

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP