

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000018079**

1. Entity Name

**2039 WILSON BOULEVARD INC.****FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90500 010 \*\*\*150.00

Principal Place of Business <b>1801 HERMITAGE BOULEVARD SUITE 600 TALLAHASSEE FL 32308</b>	Mailing Address <b>1801 HERMITAGE BOULEVARD SUITE 600 TALLAHASSEE FL 32308</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	Country	City & State  Zip	Country
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4. FEI Number **75-2584804**  
Applied For ☐  
Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent  
**DAVE E. TODD  
1801 HERMITAGE BOULEVARD  
STE 100  
TALLAHASSEE FL 32308**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, DOUGLAS W</b>	
STREET ADDRESS	<b>1801 HERMITAGE BLVD., STE 100</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>DVAS</b>	<input type="checkbox"/> Delete
NAME	<b>HORTON, JAMES W</b>	
STREET ADDRESS	<b>1801 HERMITAGE BLVD., STE 100</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, G. A</b>	
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY, STE 800</b>	
CITY-ST-ZIP	<b>DALLAS TX 75321-6437</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DALEY, EDWARD</b>	
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY, STE 800</b>	
CITY-ST-ZIP	<b>DALLAS TX 75321-6437</b>	
TITLE	<b>DVAT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>QUICK, LYNNE</b>	
STREET ADDRESS	<b>1801 HERMITAGE BLVD, SUITE 600</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WELCH, MARK V</b>	
STREET ADDRESS	<b>8750 N CENTRAL EXPRESSWAY #800</b>	
CITY-ST-ZIP	<b>DALLAS TX 75231</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DVAT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lynne M. Gray</b>	
STREET ADDRESS	<b>1801 Hermitage Blvd., Suite 600</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32308</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mark Faraldo</b>	
STREET ADDRESS	<b>8750 N. Central Expressway, Suite 800</b>	
CITY-ST-ZIP	<b>Dallas, TX 75231</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Edward Daley</b>	
STREET ADDRESS	<b>8750 N. Central Expressway, Suite 800</b>	
CITY-ST-ZIP	<b>Dallas, TX 75231</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Regina Weaver</b>	
STREET ADDRESS	<b>8750 N. Central Expressway, Suite 800</b>	
CITY-ST-ZIP	<b>Dallas, TX 75231</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mark E. Gergik</b>	
STREET ADDRESS	<b>8750 N. Central Expressway, Suite 800</b>	
CITY-ST-ZIP	<b>Dallas, TX 75231</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Douglas W. Bennett, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850/488-4406

Daytime Phone #

CR2E034 (10/00)