

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90200 020 ***150.00

DOCUMENT # P99000063445

1. Entity Name
N. ROSCOE BLVD., INC.

Principal Place of Business 4540 SOUTHSIDE BLVD. SUITE 302 JACKSONVILLE FL 32216	Mailing Address 4540 SOUTHSIDE BLVD. SUITE 302 JACKSONVILLE FL 32216-5488
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2. Principal Place of Business 9551 BAYMEADOWS RD	3. Mailing Address 9551 BAYMEADOWS RD
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Suite, Apt. #, etc. SUITE 4	Suite, Apt. #, etc. SUITE 4
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32256	Country US	Zip 32256	Country US
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4. FEI Number 59-3588240	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURST, CHRISTOPHER J
 4540 SOUTHSIDE BLVD. SUITE 302
 JACKSONVILLE FL 32216**

Name STOKES, E CHESTER JR
Street Address (P.O. Box Number is Not Acceptable) 9551 BAYMEADOWS RD SUITE 4
City JACKSONVILLE FL
Zip Code 32256

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 *E. Chester Stokes, Jr.* DATE 3/31/00

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HURST, CHRISTOPHER J		NAME STOKES, E CHESTER JR	
STREET ADDRESS 4540 SOUTHSIDE BLVD. SUITE 302		STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 4	
CITY-ST-ZIP JACKSONVILLE FL 32216		CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE	<input type="checkbox"/> Delete	TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME BRAREN, MICHAEL E	
STREET ADDRESS		STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 4	
CITY-ST-ZIP		CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE	<input type="checkbox"/> Delete	TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME FREDENHAGEN, SHARON W	
STREET ADDRESS		STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 4	
CITY-ST-ZIP		CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE	<input type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME HICE, SHERRY	
STREET ADDRESS		STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 4	
CITY-ST-ZIP		CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Sherry Hice* **Sherry Hice, Secretary** DATE 3/31/00 DAYTIME PHONE # 904/739-2249

CR2E034 (9/99)