2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V47669									. #	4 Cilbria			
1. Entity Name SETON REALTY, INC.									The land have				
SET STET TO THE SET OF									אט בבט	9 A b		V .	
Principal Place of Business Mailing Address								ĺ	03 FEB			` > 7	
C/O LAURIE S TEPPERT C/O LAURIE S TEPPERT					T 015	- 645			TALLA	Amay la	いんだ には網絡	iΔ	
1801 BARRS STREET, SUITE 615 1801 BARRS STREET, SUITE JACKSONVILLE FL 32204 JACKSONVILLE FL 32204					E 613								
US				US									
2. Principal Place of Business				3. Mailing Address					i ingil milmil ördik indin billin dili	# 1811 B/B() B)	8)) 3(9)(8)8 ()	T1811 01011 1081	
Suite _{, Apt.} #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. F	59-3133073	7		Applied For Not Applicable	
Zip	Zip Country			p Country				5 . C	Certificate of Status Desired		\$8.75 Ac	dditional ed	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
TEPPERT, LAURIE S						Name							
GENERAL COUNSEL						Street Address (P.O. Box Number is Not Acceptable)							
1801 BARRS STREET, SUITE 615									, u		 ,		
JACKSONVILLE FL 32204						City	-			FL	Zip Co	de	
8. The above	re named entity	submits this statement for	the purp	ose of changing its r	egistere	ed office o	r registere	ed age	ent, or both, in the State of Flor		familiar with	, and accept	
tile obliga		., `		~~ c _						1-1	1 - 3		
SIGNATURE	1000	or printed name of registered agent at	nd title i ap	liceta (NOTE:	Registered	Agent signa	ure required v	when rein	nstating)	/	0.5		
ı	FILE NOW!!	FEE IS \$150.00		· ·									
Afte	er May 1, 200	3 Fee will be \$550.00	C4-4-						 Election Campaign Fina Trust Fund Contribution 			00 May Be ed to Fees	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS					11.			ADI	DITIONS (CHANGES TO DEE)	OEDO AND	DIDECTOR	20 151 44	
TITLE	Р	- 112	Delete TITLE			•••		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 4001115533044ange					
NAME STREET ADDRESS	MAHER, JOHN J 1801 BARRS STREET, SUITE 600				NAME	T ADORESS		01/31/0301061011 **150.00					
CITY-ST-ZIP •		ILLE FL 32204				ST-ZIP						1	
TITLE	VP			Delete	TITLE		Phia	10	1.P.		Change	Addition	
NAME STREET ADDRESS	LOGUE, JOHN W 1800 BARRS STREET			NAME STREI			064	rer.	y Norman				
CITY-ST-ZIP	TY-ST-ZIP JACKSONVILLE FL 32204			CITY-			" Jacksonville, FL 32304						
TITLE NAME	ST CORRIGAN	IAMEO AA		Delete	TITLE NAME		- 1				☐ Change	☐ Addition	
STREET ADDRESS		S STREET, SUITE 600				T ADDRESS							
CITY-ST-ZIP		ILLE FL 32204			▙	ST-ZIP							
NAME.	vp Perry, Kei	NNFTH C		Delete	TITLE NAMÉ						Change	Addition	
STREET ADDRESS	1800 BARR	s street				T ADDRESS							
CITY-ST-ZIP	JACKSONV VP	ILLE FL 32204			1	ST-ZIP						<u></u>	
NAME	PERRY, LIN	DA		☐ Delete	TITLE NAME						Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1800 BARR	S STREET				T ADDRESS							
TITLE	AS	ILLE FL 32204		□ Delete	CITY	D1-2(P					Choose	Addition	
NAME	SINCLAIR, [OONNA		L DOIGLE	NAME						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1801 BARR	S STREET, SUITE 600 LLE FL 32204			STREE CITY-	T ADDRESS St-zip							
12. I hereby o	1-2												
indiantad	certify that the	information supplied with the	nis filing	does not qualify for th	ne exem	ption stat	ed in Sect	ion 11	19.07(3)(i), Florida Statutes. I f gal effect as if made under oa	urther certi	fy that the in	nformation	

SIGNATURE:

SIGNAL/WHUEQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-308-4001