## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2002 8:00 am Secretary of State DOCUMENT # V60760 1. Entity Name 10 SOUTH NEWNAN, INC. Principal Place of Business Mailing Address 136 EAST BAY ST. 136 EAST BAY ST. JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3145686 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent \_\_\_\_ 7. Name and Address of New Registered Agent COKER, HOWARD C. Street Address (P.O. Box Number is Not Acceptable) 136 EAST BAY STREET 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE: TITLE ☐ Change ☐ Delete SCHICKEL, JOHN J NAME NAME STREET ADDRESS 136 EAST BAY STREET STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE DS TITLE MYERS, M. W NAME NAME 136 EAST BAY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change — ☐ Addition DVP------ -- Delete-TITLE TITLE COKER, HOWARD C NAME NAME STREET ADDRESS STREET ADDRESS 136 EAST BAY STREET JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP DVP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SORENSON, CHARLES A NAME NAME 136 EAST BAY STREET STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

MYERS

1. UAYME

3/8/02

356 - 6 . 71

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: ...