2000 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2000 8:00 am Secretary of State DOCUMENT # 135493 1. Entity Name J.H. CHURCHWELL, COMPANY 04-26-2000 90062 049 ***150.00 Principal Place of Business Mailing Address 301-313 EAST BAY STREET 301-313 EAST BAY STREET JACKSONVILLE FL 32202-2908 JACKSONVILLE FL 32202-5184 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0193510 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAVELKA; LEONARD Street Address (P.O. Box Number is Not Acceptable) 4966 ORTEGA BLVD. JACKSONVILLE FL 32210 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE PAVELKA, LEONARD NAME NAME STREET ADDRESS 4966 ORTEGA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jax Fl Change ☐ Addition ☐ Delete TITLE Pavelka, martha NAME NAME STREET ADDRESS 4966 ORTEGA BLVD STREET ADDRESS CITY-ST-ZIP JAX FL CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE RODGERS, RAYMOND S NAME NAME 3852 ORTEGA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAX FL ☐ Change ☐ Addition TITLE Delete TITLE PAVELKA, ROBERT F NAME PAVELKA, ROBERT F. NAME 4333 CHIPPEWA DR STREET ADDRESS STREET ADDRESS 4805 PRINCESS ANNE LANE CITY-ST-ZIP CITY-ST-7IP JAX FL JAX FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 adgress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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