2001 UNIFORM BUSINESS REPORT (UBR)							FILED Son 10, 2001 8:00 am			
	MENT#	33712	5				Sep 10, 200 Secretary	1 0:UU nf Ste) am ite	0108538
1. Entity Nam		CE COMPANY								₹
FLURIDA	12 17 13	OE COMPAINT Braidstain gad				<i>)</i>	09-10-2001 90056	047 ***550	.00	
		other were								
		1-21/10/8 1 17:15								
JACKSONVILL	Г REET . (1915) (1916) E FL 322 <mark>08</mark>	BELLEVIEW AND THE	JACKSONVILLE FL 3220	j `	-#3-##T	1 2 1 2 4 4 6 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	・ ウェーリック・スタットでは、スカリッカラー・カーリッカラー・	(84,7)		
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2. Principal F	Place of Business		3. Mailing Address				1 (40)08 (1688 F1(6) (408) (1814 1186) 31() 018	ii 01011 41 011 01011		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te		City & State			4. 1	FEI Number 59-1263 169		pplied For lot Applicable	
Zip	Co	untry	Zip	Cour	ntry	5. (Certificate of Status Desired	\$8.75 Ac		
	6. Name and	Address of Current F	egistered Agent			7. 1	Name and Address of New Register	ed Agent		1
					Name					
COCHRAN, JAMES E					Street Ad	ddress (P.O. E	Box Number is Not Acceptable)			1
	N STREET ~									1
JACKSON	VILLE FL 32208									
					City		F	Zip Co	de	
8. The above	named entity subr	nits this statement for	the purpose of changing it	s register	ed office or	registered ag	ent, or both, in the State of Florida.	,		1
										ĺ
, SIGNATURE .	Signature, typed or prints	ed name of registered agent ar	d title if applicable. (NO	TE: Registere	ed Agent signatu	re required when re	einstating) DA	E		1
0 This same			1							}
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 			FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.				10. Election Campaign Financing		00 May Be	1
(See criteria on back)			Make Check Payable to Department of Sta			of State	Trust Fund Contribution.	Adde لب	d to Fees	
11. OFFICERS AND DIRECTORS						AD	DITIONS/CHANGES TO OFFICERS A		RS IN 11	1
TITLE NAME	PD COCHRAN,JAM	EC E	☐ Delete	TITL	,			☐ Change	Addition	CR2E034 (5/01)
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NAME	ADAMS,HAL W			NAM						1
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NAME			LI Delete	NAM				□ Change	L. AUGINUII	-
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TITLE			nelete	TITL	E			Channe	noitibhA 🔲	1

13. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

904-765-4233 Daytime Phone #

☐ Change

Addition