2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

394471

DOCUMENT # 1. Entity Name



ORANGE PARK SERVICE, INC. Principal Place of Business Mailing Address 11018441 525 BLANDING BLVD 525 BLANDING BLVD PO BOX 187 PO BOX 187 ORANGE PARK FL 32067-0187 ORANGE PARK FL 32067-0187 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-1374697 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH & HULSEY PROFESSIONAL ASSOCIATION Street Address (P.O. Box Number is Not Acceptable) 1800 FLORIDA NAT'L BANK TOWER 225 WATER ST. JACKSONVILLE FL 32202 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME WILLIAMS SR, WILLIAM L NAME STREET ADDRESS 4720 S.R. 13 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Delete TITLE TITLE Change ☐ Addition NAME NAME PERRETTA, VIRGIE H. STREET ADDRESS STREET ADDRESS 14 BLANTON LANE CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP Delete Change TITI F ☐ Addition TITLE. NAME NAME WILLIAMS.JEANNE STREET ADDRESS STREET ADDRESS 4720 S.R. 13 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME HARRIS JR.HARRY E. STREET ADORESS STREET ADDRESS 2747 BLANDING BLVD CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90272 010 ***150.00