## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 428374**

Entity Name: FIFTH GEAR INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 818 A1A NORTH SUITE 300 PONTE VEDRA BCH, FL 32082 US **Current Mailing Address: New Mailing Address:** 818 A1A NORTH SUITE 300 PONTE VEDRA BCH, FL 32082 US FEI Number: 59-1483603 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKINNER, HAL SKINNER, HAL 50 N LAURA ST 50 N LAURA ST BARNETT CITNER STE 3300 BANK OF AMERICA STE 3300 JACKSONVILLE, FL 32201 US JACKSONVILLE, FL 32201 US 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: 04/26/2002 Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HORNE, DONIS P. Name: Name: 818 A1A NORTH SUITE 300 Address: Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: HORNE ELLIOTT S. Name: 818 A1A NORTH SUITE 300 Address: Address: PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition BROWNFIELD, THOMAS R Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DONIS P. HORNE PD 04/26/2002

818 A1A NORTH SUITE 300

PONTE VEDRA BEACH, FL 32082

Address: City-St-Zip: