2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # 438337** WILLIAM H. SHANK & ASSOCIATES, INC. 03-08-2001 90130 016 ***150.00 Principal Place of Business Mailing Address 1104 OSCEOLA ST 1104 OSCEOLA ST P.O. BOX 5744 P.O. BOX 5744 JACKSONVILLE FL 32247 JACKSONVILLE FL 32247 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-1539887 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHANK, WILLIAM H. Street Address (P.O. Box Number is Not Acceptable) 1104 OSCEOLA ST JACKSONVILLE FL 32204 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME SHANK, TERESA NAME STREET ADDRESS STREET ADDRESS 1104 OSCEOLA ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition □ Delete TITLE NAME JOHNS, KAREN S. NAME STREET ADDRESS 1104 OSCEOLA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Addition TITLE ☐ Delete TITLE NAME SHANK, WILLIAM H NAME STREET ADDRESS STREET ADDRESS -1104 OSECOLA ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition TITLE TITLE ☐ Delete 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 ☐ Delete ☐ Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 address, with all other like empowered. 3/06/01 (904) 389-6320 WILLIAM H. SHANK YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR