2003 FOR PROFIT CORPORATION

Apr 09, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** 476382 **DOCUMENT #** 04-09-2003 90118 049 ***150.00 1. Entity Name C T P, INC. Principal Place of Business Mailing Address TOOIIOOT 219 N NEWMAN STREET 219 N NEWMAN STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For FEI Number 59-1612726 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALDWIN, KEVIN Street Address (P.O. Box Number is Not Acceptable) 219 NEWMAN STREET JACKSONVILLE FL 32202 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. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete NAME BALDWIN, KEVIN NAME STREET ADDRESS 219 N NEWMAN STREET, SUITE 303 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition LONG, JAMES NAME NAME STREET ADDRESS 219 N NEWMAN STREET, SUITE 303 STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change TITLE ☐ Delete TITLE DAVIDSON, LISA NAME NAME STREET ADDRESS STREET ADDRESS 219 N NEWMAN STREET, SUITE 303 CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SINUXATURE SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

Addition

FILED