

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # 854894**1. Entity Name
SARVIS INCORPORATED

Principal Place of Business

6111 GAZEBO PARK PLACE NORTH

JACKSONVILLE

32257

FL

Mailing Address

6111 GAZEBO PARK PLACE NORTH

JACKSONVILLE

32257

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2234951

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SARVIS, RICHARD S.
109 LAVER COURT**PONTE VEDRA BEACH**
32080

FL

7. Name and Address of New Registered Agent

Name

SARVIS, RICHARD S.

Street Address (P.O. Box Number is Not Acceptable)

109 LAUREL COURT

City

PONTE VEDRA BEACH

FL

Zip Code
32082

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)

04/23/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> Delete
NAME	DUCLOS MICHAEL S.	
STREET ADDRESS	6111 GAZEBO PARK PLACE N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCLIN, JANE	
STREET ADDRESS	6111 GAZEBO PARK PLACE N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	SARVIS, ROBERT L	
STREET ADDRESS	6111 GAZEBO PARK PLACE N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZIEGLER, WILLIAM R.(ASST	
STREET ADDRESS	522 FIFTH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SARVIS, RICHARD S.	
STREET ADDRESS	6111 GAZEBO PARK PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: Michael S. DuClos

AT

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)