

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000136

1. Entity Name

MITIGATION SOLUTIONS II, LTD.

Principal Place of Business

% JOHN J. ALLEN  
1301 RIVERPLACE BLVD., SUITE 2552  
JACKSONVILLE FL 32207

Mailing Address

% JOHN J. ALLEN  
1301 RIVERPLACE BLVD., SUITE 2552  
JACKSONVILLE FL 32216-6082

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6950 Philips Highway  
Suite, Apt. #, etc.

Suite 6

City & State  
Jacksonville, Florida

Zip Country  
32216 DUAL

3. Mailing Address

6950 Philips Highway  
Suite, Apt. #, etc.

Suite 6

City & State  
Jacksonville, Florida

Zip Country  
32216 DUAL

4. FEI Number 59-3289288

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MITIGATION SOLUTIONS, INC.  
1301 RIVERPLACE BLVD., SUITE 2552  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

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

6950 Philips Highway

Suite 6

City  
Jacksonville

FL

Zip Code  
32216

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record \$10,690.00

10. Amount of Capital Contributions  
in FLORIDA to, date

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P94000013173  
NAME MITIGATION SOLUTIONS, INC.  
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 2552  
CITY - ST - ZIP JACKSONVILLE FL 32207

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

(SIGNATURE)

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E013 (8/99)