2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	MENT # F6013 ne'WCREOMARTE' 32 DARGE NINBOTHAM/2&!ASSOCIATE NISCIMBOLARIA ZOURE U AU					Secreta 01-15-2002 9		Sta	te	
Principal Place of Business * ROBINSON FRAZIER 8518 103RD STREET JACKSONVILLE FL 32210		Mailing Address % ROBINSON FRAZIER 8518 103RD STREET JACKSONVILLE FL 32210								
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			T LEGINED HIM BILLY EDGES HEED WHEN BIRLY BY BILLY BURLY BUR				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te A.A. C. P.	City & State	City & State			umber 59-2145152			olied For Applicable	
Zip Sing		Zip	Country		5. Certif	icate of Status Desired	□ \$8.75	5 Additi	tional	
	6. Name and Address of Curren	t Registered Agent			7. Name	and Address of New Re				
FRAZIER, W. ROBINSON 1515 RIVERSIDE AVENUE, SUITE #A				Name Street Address (P.O. Box Number is Not Acceptable)						
										JACKSONVILLE FL 32204
Tax filing	Signature. Typed or printed name of rigistered agenoration is eligible to satisfy its Intangible requirement and elects to do so.		/!!! FÊE 002 Fee	will be \$550.0	0 10	be the second of	ıncing		May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIO	ONS/CHANGES TO OFFIC	CERS AND DIREC	TORS	IN 11	
TITLE Name Street/Adoress? City-St-Zip	VP HIGGINBOTHAM, ROGER A 8518 103RD STREETSGET → 15 JACKSONVILLE, FL 00000	□ Delete		- 1			□ Chi	inge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIGGINBOTHAM, SIDNEY H 8518 103RD STREET JACKSONVILLE, FL 00000	☐ Delete					☐ Cha	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				مهبي من المستومين و المناس	☐ Cha	inge	Addition	
TITLE Name Street address City-St-Zip		☐ Delete		ı			☐ Cha	inge	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Cha	inge	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		□ Delete					☐ Cha	inge	☐ Addition	
indicated of the cor	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address,	is true and accurate and that powered to-execute this repor	my signa t as requi	ture shall have th	he same legal	effect as if made under oa	ath; that I am an o	fficer or	r director 🔠	

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR