Zip       Country       Zip       Country       S. Certificate of Status Desired       S8.75 Additional Fee Required         z       6. Name and Address of Current Registered Agent       Mame       Name       Name         HOLBROOK, H LEON       Name       Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Zip       City       FL       Zip Code         a. 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 a the obligations of registered agent.         SIGNATURE       Street Address 10 OFFICERS AND DIPECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS         10.       OFFICERS AND DIPECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN T         11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN T         11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN T         11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN T         11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIPECTORS IN T         11.       OFFICERS AND DIPECTORS	1. Entity Nan	MENT # F652	-	ORT (UBR)	Feb 10, 2003 8:00 a Secretary of State 02-10-2003 90448 029 ***150.00	m
2. Principal Place of Business  3. Mailing Address  4. FEI Number  City & State  Name  City & State  City & State  City & State  Name  Name  Name  City & State  Name  City & State  Name  Name  City & State  Name  Name  City & State  Name  City & State  Name  Name  Name  Site Address of Pollan  Name  Name  Site Address of Pollan  Name Name  Name Name Name Name Name Na	1009 vine St P.O. Box 563	- 17	1009 VINE ST. P.O. BOX 5637	2207		
City & State       City & State       4. FEI Number       Sp2 157190       Applied Mod Applied         Zip       Country       Zip       Country       S. Cartificate of Status Desired       See Required         2ip       Country       Zip       Country       S. Cartificate of Status Desired       See Required         2ip       Country       Zip       Country       S. Cartificate of Status Desired       See Required         2io       S. Name and Address of Current Registered Agent       Name       Name       Name         2io INDEPENDENT SOUARE, 1 INDEPENDENT DR JACKSONVILLE FL 32202       Street Address (PO. Box Number is Not Acceptable)       Street Address (PO. Box Number is Not Acceptable)         301 INDEPENDENT SOUARE, 1 INDEPENDENT DR JACKSONVILLE FL 32202       City       FL       Zip Code         301 INDEPENDENT SOUARE, 1 INDEPENDENT DR JACKSONVILLE FL 32202       City       FL       Zip Code         301 INDEPENDENT SOUARE, 1 INDEPENDENT DR JACKSONVILLE FL 32202       City       FL       Zip Code         301 INDEPENDENT SOUARE, 1 INDEPENDENT DR JACKSONVILLE FL 32207       Intel Material agent and test agent a	2. Principal F	Place of Business	3. Mailing Address			
City Country       Zip       Country       Zip       Country       S. Cartificate of Status Desired       \$8,75 Additional Free Regulational Free Regulational Free Regulational Free Regulational Status Desired         2:       6. Name and Address of Current Registered Agent       Name       Street Address of New Registered Agent         HOLBROOK, H LEON       2001 INDEPENDENT SOUARE, 1 INDEPENDENT DR       Name       Street Address (PO. Box Number is Not Acceptable)         JACKSONVILLE FL 32202       City       FL       Zip Code         L. The above named entity submits this statament for the purpose of changing its registered office or registered agent, the obligations of registered agent.       INTE       Zip Code         SQNATURE       FILE NOW!!!       FEE IS \$150.00       After May 1, 2003 Fee will be \$550.00       Added to Fe         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       International fee fee Apples       Change       International fee fee Apples         1009 VINE STREET       Change       International fee fee Apples       International fee fee Apples <td>Suite, Apt</td> <td></td> <td>Suite, Apt. #, etc.</td> <td></td> <td></td> <td></td>	Suite, Apt		Suite, Apt. #, etc.			
Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75       Additiona         Fee Required       S. Certificate of Status Desired       S. Certificate of Status Desired       Agent         HOLBROOK, H LEON       Name       Name       Name         2001 INDEPENDENT SOUARE, 1 INDEPENDENT DR       Name       Street Address (P.O. Box Number is Not Acceptable)         JACKSONVILLE FL 32202       City       FL       Zip Code         . The above named entity submits this statament for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and a the obligations of registered agent.       Identification Campaign Financing       Stote of Address (P.O. Box Number)       Date         FILE NOW!!!       FEE IS \$150.00       After May 1, 2003 Fee will be \$550.00       Intel controlution.       Address TO OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1         0.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       Change       Intel make         ITY-57-2P       JACKSONVILLE FL 32207       CITY-57-2P       CITY-57-2P       Change       Intel make         ITY-57-2P       JACKSONVILLE FL 32207       CITY-57-2P       CITY-57-2P       Change       Intel make         ITY-57-2P       JACKS	City & Sta	te	City & State	· · · ·	4. FEI Number 59-2157190 Applied Fo Not Applica	
HOLBROOK, H LEON       Name         2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR       Street Address (P.O. Box Number is Not Acceptable)         JACKSONVILLE FL 32202       CRy       FL       Zip Code         City is boot or provide agent.       CRy       FL       Zip Code         City is boot or provide agent.       CRY       FL       Zip Code         GNATURE       Separatre, bood or primed ware of registered agent and title if applicable       (NOTE: Registered Agent separation required when reinstance)       DATE         FILE NOW!!! FEE IS \$150.00       After May 1, 2003 Fee will be \$550.00       Ps. Election Campaign Financing       \$4dded to FE         Jack Check Payable to Florida Department of State       Inter May 1, 2003 Fee will be \$550.00       Ps. Election Campaign Financing       \$4dded to FE         Diake Check Payable to Florida Department of State       Inter May 1, 2003 Fee will be \$550.00       Ps. Election Campaign Financing       \$4dded to FE         Diake Check Payable to Florida Department of State       Inter Maxe       Street Address       Change       Inter May         District May       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1       Change       Inter Maxe         Nerget Address       UN WE       Delete       The       Name       Inter Maxe       Change       Inter Maxe	Zip	Country	Zip	Country	5 Cortificate of Status Desired \$8.75 Additional	
HOLBROOK, H LEON 2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR JACKSONVILLE FL 32202 City FL Zip Code City FL Signature, synd or primed network agent and tile if applicable (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. (NOTE: Registered Agent signature requirement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. (NOTE: Registered Agent signature requirement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. (NOTE: Registered Agent signature requirement for the purpose of changing its registered Agent signature requirement for the purpose of changing its registered Agent signature requirement for the purpose of changing its registered Agent signature requirement for the purpose of changing its registered Agent signature requirement for the purpose of changing its registered Agent signature requirement for the purpose of changing its registered Agent signature requirement for the purpose of changing Financing Trust Fund Contribution.  PTD FILE NOW 111 FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After Check Payable to Florida Department of State D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T FILE FRANK S. WILSON FR	:	6. Name and Address of Curren	nt Registered Agent			
2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR JACKSONVILLE FL 32202 City FL Zip Code FL Zip C	HOLBROOK, H LEON				ss (P.O. Box Number is Not Acceptable)	
City     FL     Zip Code       The above named entity submits this statement for the purpose of changing its registered agent.     City     FL     Zip Code       The above named entity submits this statement for the purpose of changing its registered agent.     or registered agent.     I am familiar with, and a manual time registered agent.       GNATURE	2301 INDEPENDENT SQUARE, 1 INDEPENDENT DR					
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. Tam familiar with, and a the obligations of registered agent.  GNATURE  GINATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	JACKSON	WILLE FL 32202		City	Zip Code	
the obligations of registered agent.  GNATURE  GNATURE  GNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  After Addred to Fe  After Add	The above	e named entity submits this statement	t for the purpose of changir	ng its registered office or reg		ept
TLE       PTD       Delete       TITLE       Change	Afte lake Chec	er May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	t of State	<b>I</b> 11	Trust Fund Contribution. Added to Fees	
AME     HOLBROOK, H LEON     NAME       ITREET ADDRESS     2301 INDEPENDENT SQUARE     STREET ADDRESS       JACKSONVILLE FL 32202     CITY-ST-ZIP       TLE     V     Delete       WILSON, SCOTT W     Delete       Integr address     STREET Address       JACKSONVILLE FL 32202     CITY-ST-ZIP	tle Ame Reet address	PTD FRANK S. WILSON 1009 VINE STREET		TITLE NAME STREET ADDRESS		fition
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