FILED May 31, 2000 8:00 am Secretary of State 05-31-2000 90082 007 ***550.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9400003466

1. Entity Name

NEWCHECK CORPORATION

Principal 1	Place o	of :	Business
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Mailing Address

DAMO DAVERENCIMO WAY

BOD BATMEADOWS WAT SUITE 12 JACKSONVILLE FL 32256-8248		SUITE 12 JACKSONVILLE FL 32256-8248		}	(1984 MA 1418 1821 ALBIY ABIY ABIY ABIY ABIY ABIY ABIY	ion (thi) eidio	B1118 B211 (BB2			
Principal Place of Business 3. Mailing Address		3. Mailing Address								
10550 DOERWOOD PARK BLVD, 10550 DEERWO		OUD PARK	SUD,			ANTO BILL LEBA				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE					
STE 509 STE 509										
City & State City & State		T-1	4. !	FEI Number 59-3249725	Applied For					
		JACKSONVILLE	5, FL	. 39 3243123			lot Applicable			
Zip Country 37756 USA		Zip Country 32756 USA		5.	Certificate of Status Desired	T	3.75 Additional e Required			
2000	6. Name and Address of Current R		USA	7 1	7. Name and Address of New Registered Agent					
	C Hame and Address of Current	cyletered Agent	Name		Company of the Compan	<u> </u>				
CT C	CODDODATION EVETEN									
	CORPORATION SYSTEM		Street A	Street Address (P.O. Box Number is Not Acceptable)						
	S. PINE ISLAND RD		<u> </u>							
PLAN	ITATION FL 33324									
	,		City		FL	Zip Co	de			
9 Tho above	named entity submits this statement for	the purpose of changing its r	registered office or	registered ag	ent or both in the State of Florida					
e. The above			egistered office of	registered ag	ising or society at the state of a forest.					
	BOOK OF BERNELL AL SHIF	•					į			
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signati	are required when re	einstating) DATE					
Tax filing requirement and elects to do so			50.00	Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees				
(See criter	ria on back)	Make Check Payable			<u> </u>					
11.	OFFICERS AND D	IRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS AND					
TITLE	C	☐ Delete	TITLE NAME			Change	☐ Addition			
NAME	WILSON, THOMAS			10550 DEERWOOD PAAK BLVD, STE 509						
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,			l						
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP	JACKSONVILLE, FL 32256						
TITLE	DP	TITLE	PRESIDENT Change Addition							
NAME	FRIES, DAVID C	NAME STREET ADDRESS	10550 DEEDWOOD PARK BLVO. STE 509							
STREET ADDRESS	TREET ADDRESS 8400 BAYMEADOWS WAY, SUITE 12			10550 DEEDWOOD PAILE DETO. OF SO !						
ÇITY-ST-ZIP	UNONWIELE TE BEEGO				WILLE, FL 32256					
TITLE	S	🔀 Delete	TITLE	CF0	Trany D	Change	Addition			
NAME	QUINLAN, JOHN		NAME	INCHULI	FFE, JERRY P. DEERWOOD PARK BLVD.	STE ST	74			
STREET ADDRESS	0100 8,11112 150110 11111, 00112 12		STREET ADDRESS	10850	ELECTION FAMILE ACTION	<u> </u>	·			
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP	JACKE	ONVILLE, FL 32256					
TITLE	D	☐ Delete	TITLE			Change	Addition			
NAME	REIN, HARRY		NAME		EERWOOD PARK BIVO. S	STE CO	ید (
STREET ADDRESS	0.000 0		STREET ADDRESS	10550 +	RERIOUD TARK FOOD, S	" = 3				
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP	J ACILSU	WUILLE, FL 37756	-				
TITLE	VP	☐ Delete	TITLE			IXI Change	Addition			
NAME	stevenson, john		NAME	STEVENS	SON, JOHN DEERWOOD PHEIR BRUD	Size	509			
STREET ADDRESS	8400 BAYMEADOW WAY, SUITE	12	STREET ADDRESS	10550	LEEKWOOD FARE LEVE	, 0,0				
CITY-ST-ZIP	JACKSONVILLE FL 32256	<u></u>	CITY-ST-ZIP	DAOKS	ONVICLE, FL 32256					
TITLE	D	☐ Delete	TITLE	CEO	1	🔀 Change	Addition			
NAME	FAILING, BRUCE		NAME	(ne	DEERWOOD FARK BLUD	5	500			
STREET ADDRESS	8400 Baymeadow way, suite :	12	STREET ADDRESS	10550	LEERWOOD PHILL DUND	,	~ /			

JACKSONVILLE, FL 30056 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.

CITY-ST-ZIP

SIGNATURE:

JACKSONVILLE FL 32256

CITY-ST-ZIP

MU ED NAME OF SIGNING OFFICER OF DIRECTOR

904-928-1321