## **2001 UNIFORM BUSINESS REPORT (UBR)**

	UNIFORM BUSI	NESS REPOR	T (UBR)		pc	9e/0	12	000 913
DOCU	MENT # <b>F9400</b>			·		33		
1. Entity Nam			EU 55	,		₽		
UACKOO!	WILL IT THOTEL OOM ON		FILED					
Principal Plac	re of Business	Mailing Address			01 JUL 24 PM	1 2: 21		
Principal Place of Business 3003 SUMMER ST.		c/o csc			SECRETARY OF I	STATE		
		1201 Hays St. Tallahassee Fl 32301			TALLAHASSEE, F	LORIDA	101 INC 1881	
2. Principal Place of Business		3. Mailing Address		,	:			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	е	City & State		4. FEI Number	06-1405146		olled For Applicable	]
Zip	Country	Zíp	Country	5. Certificate of S		\$8.75 Addi	tional	
	6. Name and Address of Current Re	egistered Agent			dress of New Registered	Fee Required		ļ
	•	3	Name					1
CORPORATION SERVICE COMPANY 1201 HAYS ST.				ess (P.O. Box Number is	Not Acceptable)			
	SSEE FL 32301							Ì
			City		FL	Zip Code		
8. The above	named entity submits this statement for t	he purpose of changing its reg	jistered office or reg	istered agent, or both, in		<u> </u>		
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	gistered Agent signature red	quired when reinstating)	DATE		<del></del>	
9. This corporation is eligible to satisfy its Intangible  FILE NOW!!! FEE								l
•	, ,	l .		10. Election	n Campaign Financing	\$5.00	Mav Be	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! I After September 12, 20 Make Check Payable	001 Fee will be \$7	/50.00   Trust F	n Campaign Financing fund Contribution.		May Be to Fees	
Tax filing r (See criter	requirement and elects to do so. ria on back)  OFFICERS AND D	After September 12, 26 Make Check Payable 1 IRECTORS	001 Fee will be \$7 to Department of	State Trust F	· · · -	Added  DIRECTORS	to Fees	<u> </u>
Tax filing r (See criter	requirement and elects to do so.	After September 12, 20 Make Check Payable	001 Fee will be \$7 to Department of	State Trust F	und Contribution.	Added:	to Fees	(5/01)
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS	requirement and elects to do so. ria on back)  OFFICERS AND D  DVS STRONE, MICHAEL J 3003 SUMMER STREET	After September 12, 26 Make Check Payable 1 IRECTORS	001 Fee will be \$7 to Department of  12.  TITLE  NAME  STREET ADDRESS	State Trust F	und Contribution.	Added  DIRECTORS	to Fees	5034 (5/01)
Tax filing r (See criter 11. TITLE NAME	requirement and elects to do so. ria on back)  OFFICERS AND D  DVS STRONE, MICHAEL J	After September 12, 26 Make Check Payable 1 IRECTORS  Delete	001 Fee will be \$7 to Department of 12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	State Trust F	und Contribution.	J Added  DIRECTORS  ☐ Change	to Fees	CR2E034 (5/01)
Tax filing r (See criter)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D  DVS STRONE, MICHAEL J 3003 SUMMER STREET STAMFORD CT 06904  P WIEDERECHT, DAVID W	After September 12, 26 Make Check Payable 1 IRECTORS	001 Fee will be \$7 to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	State Trust F  ADDITIONS/CH.	und Contribution. C	DIRECTORS Change Change	iN 11 Addition	CR2E034 (5/01)
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	requirement and elects to do so. ria on back)  OFFICERS AND D  DVS STRONE, MICHAEL J 3003 SUMMER STREET STAMFORD CT 06904  P	After September 12, 26 Make Check Payable of the Pa	001 Fee will be \$7 to Department of 12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State Trust F  ADDITIONS/CH.	und Contribution.	DIRECTORS Change Change	iN 11 Addition	CR2E034 (5/01)
Tax filing r (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD CT 06904  P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD SQUARE CT 06904-79  VT	After September 12, 26 Make Check Payable of the Pa	12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State Trust F  ADDITIONS/CH.	und Contribution. C	DIRECTORS Change Change	iN 11 Addition	CR2E034 (5/01)
Tax filing r (See criter)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD CT 06904  P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD SQUARE CT 06904-79  VT LEVANTI, STEPHEN J	After September 12, 26 Make Check Payable of Delete  Delete	12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	State Trust F  ADDITIONS/CH.	und Contribution. C	DIRECTORS Change Change	IN 11 Addition Addition	CR2E034 (5/01)
Tax filing r (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD CT 06904  P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD SQUARE CT 06904-79  VT	After September 12, 26 Make Check Payable of Delete  Delete	12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	State Trust F  ADDITIONS/CH.	und Contribution. C	DIRECTORS Change Change	IN 11 Addition Addition	CR2E034 (5/01)
Tax filing r (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE TITLE TITLE TITLE	P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD CT 06904  P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD SQUARE CT 06904-79  VT LEVANTI, STEPHEN J 3003 SUMMER STREET	After September 12, 26 Make Check Payable of Delete  Delete	OO1 Fee will be \$7 to Department of  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE	State Trust F  ADDITIONS/CH.	und Contribution. C	DIRECTORS Change Change	IN 11 Addition Addition	CR2E034 (5/01)
Tax filing r (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD CT 06904  P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD SQUARE CT 06904-79  VT LEVANTI, STEPHEN J 3003 SUMMER STREET	After September 12, 26 Make Check Payable of the Pa	OO1 Fee will be \$7 to Department of  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	State Trust F  ADDITIONS/CH.	und Contribution. C	DIRECTORS Change Change Change Change	in 11 Addition Addition Addition	CR2E034 (5/01)
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Tax filing r (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD CT 06904  P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD SQUARE CT 06904-79  VT LEVANTI, STEPHEN J 3003 SUMMER STREET	After September 12, 26 Make Check Payable of the Pa	OO1 Fee will be \$7 to Department of  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	State Trust F  ADDITIONS/CH.	ANGES TO OFFICERS AND	DIRECTORS Change Change Change Change Change	to Fees IN 11 Addition Addition Addition Addition Addition	CR2E034 (5/01)
Tax filing r (See criter  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD CT 06904  P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD SQUARE CT 06904-79  VT LEVANTI, STEPHEN J 3003 SUMMER STREET	After September 12, 26 Make Check Payable of the Pa	OO1 Fee will be \$7 to Department of  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	State Trust F  ADDITIONS/CH.	ANGES TO OFFICERS AND	Added DIRECTORS Change Change Change Change	to Fees IN 11 Addition Addition Addition Addition Addition	CR2E034 (5/01)

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:

BIGISTISTE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

213.326.2300

Daytime Phone #

PAGE 2012

## CSC 1201 HAYS STREET TALLAHASSEE, FL 32301

CONTACT: Deborah Schroder, 521-0821, Ext. 1	1118
ACCOUNT #: 072100000032	<b>.</b>
REF#: 232502-10	o Ri
AUTHORIZATION: Patricia Piguto	ON OR DUCK
COST LIMIT: ₹550,00	OF CORPOR
ACCOUNT #: 072100000032  REF#: 232502-10  AUTHORIZATION: Patricia Pigito  COST LIMIT: \$550,00  ORDER DATE: 7-24-01  ENTITY NAME: Jackson ville PT H  DOMESTIC FILING	RPORATIO
ENTITY NAME: Jackson ville PT +	totel Corporation
DOMESTIC FILING	FOREIGN FILING
ARTICLES OF INCORPORATION	ANNUAL REPORT
CERTIFICATE OF LIMITED PARTNERSHIP	REINSTATEMENT
QUALIFICATION	MERGER
CERTIFICATE OF LLC	DISSOLUTION
ARTICLES OF AMENDMENT	
PLEASE F	RETURN
STAMPED COPY	
CERTIFIED COPY	
CERTIFICATE OF GOOD STANDING	1 1