2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State F95000001154 DOCUMENT # 1. Entity Name STATCORP. INC. 05-28-2002 91731 028 ***550 00 Principal Place of Business Mailing Address 7037 COMMONWEALTH AVE 7037 COMMONWEALTH AVENU SUITE 8B SUITE 8B JACKSONVILLE FL 32220 JACKSONVILLE FL 32220 2. Principal Place of Business 3. Mailing Address 14476 Duval Place West 14476 Duval Place west Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Scrite Suite 303 303 City & State City & State 4. FEI Number Applied For Jacksonville FL 62-1377355 Jacksonoille Not Applicable 3<u>2218</u> Country 37218 Country \$8.75 Additional 5. Certificate of Status Desired UÍA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 102 **TALLAHASSEE FL 32301** City Zip Code 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME SHEPHERD, JAMES M JR NAME STREET ADDRESS 7037 COMMONWEALTH AVENUE, SUITE 8B STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL CITY-ST-7IP TITLE VD. ☐ Delete TITLE Change ☐ Addition NAME HALL, ROGER J. NAME STREET ADDRESS 7037 COMMONWEALTH AVENUE, SUITE 8B STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP SD Delete TITLE ☐ Change Addition WOODS, ANDY -NAME STREET ADDRESS 1977 CRAIGMONT BLVD. STREET ADDRESS CITY-ST-ZIP CLARKSVILLE TN CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME CROSBY, ROBERT C NAME STREET ADDRESS 211 LEWISBURG PIKE STREET ADDRESS CITY-ST-ZIP FRANKLIN TN CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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 this tell supplemental 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-786-513