

DOCUMENT # F97000005140

1. Entity Name

MANAGEMENT PRINCIPALS, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90107 022 ***150.00

Principal Place of Business

1 INDEPENDENT DR
JACKSONVILLE FL 32202

Mailing Address

1 INDEPENDENT DR
ATTN: GERALD ROBINSON
JACKSONVILLE FL 32202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2318738

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEWAN, DEREK E	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	ABNEY, MICHAEL D	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MAYO, MARC M	
STREET ADDRESS	ONE INDEPENDENT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MARSHALL, JOHN	
STREET ADDRESS	1 INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	SV	<input type="checkbox"/> Delete
NAME	BAJATIA, GEORGE	
STREET ADDRESS	1 INDEPENDENT DR	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, STEPHANY C	
STREET ADDRESS	1600 PARKWOOD CIRCLE	
CITY-ST-ZIP	ATLANTA GA 30339	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP of Taxes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Robinson	
STREET ADDRESS	One Independent Dr	
CITY-ST-ZIP	Jacksonville FL 32202	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)