2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90095 049 ***158.75

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1. Entity Name
THE INTREPID CORPORATION OF GEORGIA

Principal Place of Business	Mailing Address
325 W. ADAMS ST. 6TH FLOOR JACKSONVILLE FL 32202	P.O. BOX 4610 JACKSONVILLE FL 32201-4610

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6900 Southpoint Dr. N.	
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State
Zip: 32216 Country: United States	Zip Country

4. FEI Number 58-1534528 ☐ Applied For ☐ Not Applicable

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
ORTAGUS, LINDA 325 W. ADAMS ST JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable): 6900 Southpoint Dr., N. Suite 200 City: Jacksonville FL Zip Code: 32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Linda Ortagus Linda Ortagus V.P. 1/7/03
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ORTAGUS, LINDA 325 W. ADAMS ST JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6900 Southpoint Dr., N. #200 Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARR, LAUREN 325 W. ADAMS ST JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6900 Southpoint Dr., N. #200 Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FARR, JEANNE 325 W. ADAMS STREET JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6900 Southpoint Dr., N. #200 Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, JOHN 325 W. ADAMS STREET JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6900 Southpoint Dr., N. #200 Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLINGHAM, BEN JR 325 W. ADAMS STREET JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 6900 Southpoint Dr., N. #200 Jacksonville, FL 32216
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jeanne E. Farr 1/7/03 904-355-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #