

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000000821**

1. Entity Name

**BEXAR CREDENTIALS VERIFICATION, INC.****FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90099 044 \*\*\*150.00

Principal Place of Business

Mailing Address

**202 W. FRENCH PLACE  
SAN ANTONIO TX 78212****202 W. FRENCH PLACE  
SAN ANTONIO TX 78212-5818**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**74-2892363**

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

Name

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

City

**FL**

Zip Code

**BYERS, JOHN R  
225 WATER STREET, SUITE 1400  
JACKSONVILLE FL 32202**

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PCEO	NEEDS, ROBERT L	202 W. FRENCH PLACE	SAN ANTONIO TX 78212	<input checked="" type="checkbox"/>
S	DAVIS, SYLVIA B	1000 RIVERSIDE AVE., SUITE 202	JACKSONVILLE FL 32204	<input checked="" type="checkbox"/>
D	DAWSON, DENNIS E	202 W. FRENCH PLACE	SAN ANTONIO TX 78212	<input type="checkbox"/>
VPDC	FINCH, ROBERT B	1000 RIVERSIDE AVE. SUITE 800	JACKSONVILLE FL 32204	<input checked="" type="checkbox"/>
PCEO	COTTEN, W. THOMAS	901 MOPAC EXPRESSWAY SOUTH	AUSTIN TX 78716-0140	<input type="checkbox"/>
D	HARTY-GOLDER, BARBARA MD	23 WEBB STREET	OSPREY FL 34229	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PCEO	Quinn, Mary Jo	202 W. French Place	San Antonio, TX 78212	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Benet, Liesien	202 W. French Place	San Antonio, TX 78212	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Holcomb, H.D., John R.	4410 Medical Drive, Suite 440	San Antonio, TX 78229	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Chester, H.D., Daniel A.	509 East Dallas Ave.	McAllen, TX 78501	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E034 (9/99)

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 #

**2/16/2000 210 301-4386**