

FILED
Feb 03, 2005 8:00 am
Secretary of State

DOCUMENT # G20201



Mailing Address
4901 BELFORT RD
STE 100
JACKSONVILLE, FL 32256-7516 US

3. Mailing Address
4496 Southside Blvd.
Suite, Apt. #, etc.

City & State Jacksonville, FL
Zip 32216 Country Dr Va

01202005 Chq-P CR2E034 (10/03)

4. FEI Number
59-2290538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLD, KATHLEEN
ONE INDEPENDENT DR
SUITE 2301
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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

SIGNATURE

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, 2005 Fee will be \$550.00

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	PD	<input type="checkbox"/> Delete
NAME	DUDLEY, DANIEL P.	
STREET ADDRESS	4901 BELFORT RD STE 100	
CITY - ST - ZIP	JACKSONVILLE, FL 32256	

TITLE	ST	<input type="checkbox"/> Delete
NAME	RUSS, WILLIAM C.	
STREET ADDRESS	4901 BELFORD RD STE 100	
CITY-ST- ZIP	JACKSONVILLE, FL 32256	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4496 Southside Blvd
CITY-ST-ZIP	Durham NC 27704

TITLE _____
NAME _____
STREET ADDRESS 4446 Southside Blvd
CITY - ST - ZIP Jacksonville FL 32246

☒ Change ☐ Addition

TITLE	CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Robert A. Culpepper JT.		
STREET ADDRESS			
CITY-ST-ZIP	4496 Southside Blvd.		

TITLE JACKSONVILLE, FL 32216 ☐ Change ☐ 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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone