2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # G89904** 1. Entity Name MARY CARTER FINANCIAL SERVICES, INC. 01-25-2001 90107 018 ***150.00 Principal Place of Business Mailing Address 2215 SOUTH 3RD ST 2215 SOUTH 3RD ST SUITE 203 SUITE 203 JACKSONVILLE BCH FL 32250 JACKSONVILLE BCH FL 32250 2. Principal Place of Business 3. Mailing Address Hve., North DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2628258 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name _ HOLBROOK, KATHLEEN F. Street Address (P.O. Box Number is Not Acceptable) 2301 INDEPENDENT SQUARE ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PST** TITLE ☐ Defete TITLE Change CARTER, MARY F. NAME NAME 131 Second Ave., North, Suite 200 STREET ADDRESS STREET ADDRESS 2215 3RD ST S, #203 Jacksonville Beach, FL. 32250 Change Addition CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BCH FL ☐ Delete TITLE CARTER, MARY F. NAME 131 Second Ave., North, Suite200 Jacksonville Bench, FL. 32250 STREET ADDRESS STREET ADDRESS 2215 3RD ST S, #203 CITY-ST-ZIP CITY-ST-7IP Jacksonville BCH FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: