2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2002 8:00 am Secretary of State **DOCUMENT #** J03725 1. Entity Name EASTSIDE INSURANCE CENTER, INC. 05-05-2002 90291 028 ***150.00 Principal Place of Business Mailing Address 3101 N. MAIN ST 3101. N. MAIN ST JACKSONVILLE FL 32706 JACKSONVILLE FL 32706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2666918 Not Applicable Zip Country 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 MITCHELL, A. TODD Street Address (P.O. Box Number is Not Acceptable) 696 PONTE VEDRA BLVD 120 PALM BAY COURS PONTE VEDRA FL 32082 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01) NAME ☐ Addition MITCHELL, A. TODD NAME 120 PALM BAY COUNT STREET ADDRES 690 PONTE VEDRA BEVIT STREET ADDRESS CITY-ST-ZIP **CR2E034** PONTE VEDRA BLVD FL 32082 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete NAME ☐ Change Addition 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

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 another that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all effect like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4-15-02

904356-6000

☐ Addition