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## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Sep 17, 2001 8:00 am Secretary of State DOCUMENT # J21058 1. Entity Name ALAN W. POTTER, INC. 09-17-2001 90147 028 \*\*\*150.00 Principal Place of Business Mailing Address 905 NORTH STR 905 NORTH STR JACKSONVILLE FL 32211-5793 JACKSONVILLE FL 32211-5793 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2681752 Not Applicable Zip -Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POTTER, ALAN W SR Street Address (P.O. Box Number is Not Acceptable) 905 NORTH STR JACKSONVILLE FL 32211 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. **OFFICERS AND DIRECTORS** 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PST ☐ Delete TITLE Addition NAME POTTER, ALAN W., JR. NAME STREET ADDRESS 6101 HIGHWAY 81 NORTH STREET ADDRESS CITY-ST-ZIP PELZER SC 29669 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Change 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 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 mastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 :: changed, or on an attachment with an address, with all other like or however.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| DOCUMENT #  . Entity Name  ALAN W. POTTER,   |  |   |   |   |   |  | ٠  |
|--|--|---|---|---|---|--|--|
| Principal Place of Business<br>905 NORTH STR<br>JACKSONVILLE FL 32211-5793<br>JS   |  | Mailing Address 905 NORTH STR JACKSONVILLE FL 32211-5793 US     |   | , .   | attachment  |  | ent<br>23  |
| . Principal Place of Busines   | 3S   | 3. Mailing Address  |   |   |   |  |  |
| Suite, Apt. #. etc.  |  | Suite, Apt. #, etc.   |   |   | DO NOT WRITE IN THIS SPACE  |  |  |
| City & State   |  | City & State  | · · · · · · · · · · · · · · · · · · ·   | 4.  | FEI Number 59-2681752   | ?  | Applied For  |
| Zip  | Country  | Zip   | Country   | 5.  | Certificate of Status Desired   |  | 8.75 Additional  |
| -6:-Name ar  | nd Address of Current Re   | gistered Agent  | Nam   |   | Name and Address of New Ro  | egistered Ag   | ent  |
| POTTER, ALAN W<br>905 NORTH STR  |  |   |   | et Address (P.O.                            | Box Number is Not Acceptable  | )  |  |
| JACKSONVILLE F   | L 32211  |   | City  | <u>-</u>                                    |   | FL   | Zip Code   |
| HGNATURE Signature, s, pag or :  | c: n'eo name of registered agent and   | title it accilicad e. (NOT                                      | TE: Registered Agent su   | ignature required when                      | gent, or both, in the State of Flo  | rida.<br>DATE  |  |
| IGNATURE Signature, s, pag or :  | crived name of registered agent and<br>le to satisfy its Intangible  | title it accilicad e. (NOT                                      | TE: Pegistered Agent si /!!! FEE IS \$1: 001 Fee will be  | ignature recuired when 50.00 e \$550.00     |   | DATE<br>ancing   | \$5.00 May Be<br>Added to Fees   |
| Separate, page 6:  This corporation is eligible  Tax filing requirement and (See criteria on back)   | crived name of registered agent and<br>le to satisfy its Intangible<br>dielects to do so.  | FILE NOW<br>After MAY 1, 2<br>Make Check Paya                   | TE: Pegistered Agent so /!!! FEE IS \$1: 001 Fee will be to Departm 12.   | 50.00<br>e \$550.00<br>nent of State        | reinstang)  10. Election Campaign Fina  | DATE ancing n.   CERS AND D  | Added to Fees  |
| FIGNATURE  Signature, place of the state of  | conveninance of registered agent and let to satisfy its Intangible of elects to do so.  OFFICERS AND DIF   | FILE NOW<br>After MAY 1, 2<br>Make Check Paya                   | TE: Pegistered Agent so  VIII FEE IS \$1:  001 Fee will be to Departm  12.  TITLE  NAME  STREET ADDRE                       | 50.00<br>e \$550.00<br>nent of State        | 10. Election Campaign Fina<br>Trust Fund Contribution                             | DATE ancing n.   CERS AND D  | Added to Fees  |
| HIGNATURE Signature, gred or :  This corporation is eligible Tax filling requirement and (See criteria on back)  1.  TILE AME HREET ADDRESS HY-ST-ZIP POTTER, AI 6101 HIGHV PELZER SC  | conveninance of registered agent and let to satisfy its Intangible of elects to do so.  OFFICERS AND DIF   | FILE NOW<br>After MAY 1, 2<br>Make Check Paya                   | TE: Pegistered Agent so VIII FEE IS \$1: 001 Fee will be to Departm 12. TITLE NAME  | 50.00<br>e \$550.00<br>nent of State        | 10. Election Campaign Fina<br>Trust Fund Contribution                             | DATE ancing n.   CERS AND D  | Added to Fees  PIRECTORS IN :1  Change Additor  Change Additor   |
| JOINATURE  Signature, piped or starting requirement and (See criteria on back)  1.  TILE  AME  HEEET ADDRESS TY-ST-ZIP  PELZER SC  | conveninance of registered agent and let to satisfy its Intangible of elects to do so.  OFFICERS AND DIF   | FILE NOW After MAY 1, 2 Make Check Paya RECTORS  Delete         | TE: Pegistered Agent si /!!! FEE IS \$1: 001 Fee will be tible to Departm 12. TITLE NAME STREET ADDRE CITY-ST-ZIP           | 50.00<br>e \$550.00<br>nent of State        | 10. Election Campaign Fina<br>Trust Fund Contribution                             | DATE ancing n.   CERS AND D  | Added to Fees  DIRECTORS IN :1  Change Addition  |
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ALAN W. POTTER INC. 905 North Street Jacksonville, Florida 32211

July 11, 2001

Uniform Business Report Division of Corporations P O Box 1500 Tallahassee FL 32302-1500

RE: 2001 UBR for Alan W. Potter Inc.

Dear Sir or Madam:

Enclosed is a copy of the 2001 UBR form with an original signature of the officer of Alan W. Potter Inc. and a check number 1023 for \$150.00. Also enclosed is a copy of check number 1018 mailed in February 2001 for the same 2001 UBR form. Check number 1018 has not cleared the bank and must be lost in the mail.

Our bookkeeper, Mary Hermany, recently spoke with Robert in your office and he informed us to resign a copy of the contract with an original signature and mail another check for \$150.

If you have any questions regarding the enclosed, please contact Mary Hermany at 904-880-8795. Thank you for your assistance in this matter.

Sincerely

Alan W. Potter Jr.

President