

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90200 048 ***150.00

DOCUMENT # J51897

1. Entity Name
DALE, BALD, SHOWALTER & MERCIER, P.A.

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|--|---|
| Principal Place of Business DALE, BALD, SHOWALTER & MERCIER, PA 200 W. FORSYTH ST. STE 1100 JACKSONVILLE FL 32202 US | Mailing Address DALE, BALD, SHOWALTER & MERCIER, PA 200 W. FORSYTH ST. STE 1100 JACKSONVILLE FL 32202-4308 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

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|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number 59-2756350 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 6. Name and Address of Current Registered Agent DALE, HOWARD L. 200 W. FORSYTH ST., STE. 1100 JACKSONVILLE FL 32202-4308 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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|---|---|
| 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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |

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| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DALE, HOWARD L.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1117 PALMER TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> </table> | TITLE | P | <input type="checkbox"/> Delete | NAME | DALE, HOWARD L. | | STREET ADDRESS | 1117 PALMER TERRACE | | CITY-ST-ZIP | JACKSONVILLE FL | | <table border="0"> <tr> <td>TITLE</td> <td>D/P</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>JACKSONVILLE, FL 32207</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | D/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | | |
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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: *Howard L. Dale, Pres.* **APRIL 18, 2002** **(904) 355-1155**
 HOWARD L. DALE, PRESIDENT Date Daytime Phone #

CR2E034 (9/01)