2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2000 8:00 am Secretary of State **DOCUMENT # J86244** 1. Entity Name SV INDUSTRIES, INC. 05-18-2000 90322 023 ***150.00 Principal Place of Business Mailing Address 4400 MARSH LAND BLVD., #4 4400 MARSH LAND BLVD., #4 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2833132 Not Applicable Country 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 BLOCKER, MICHAEL H Street Address (P.O. Box Number is Not Acceptable) 4400 MARSH LANDING BLVD., #4 PONTE VEDRA BEACH FL 32082 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable, 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete NAME GORDON, RUSSELL B. STREET ADDRESS STREET ADDRESS 11247 SAN JOSE BLVD 1202 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME WALLIS, DONALD W. STREET ADDRESS STREET ADDRESS 11247 SAN JOSE BLVD 1202 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL: ☐ Addition Change TITLE ŊΤ ☐ Delete BLOCKER, MICHAEL H. NAME NAME STREET ADDRESS STREET ADDRESS 11247 SAN JOSE BLVD 1202 CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL Change ☐ Addition TITLE NAME SMITH, MARION W. NAME STREET ADDRESS STREET ADDRESS 11247 SAN JOSE BLVD 1202 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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.