2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90052 005 ***150.00

DOCUMENT # K14932

1. Entity Name

THE OFFICE MANAGER, INC.

Principal Place of Business	Mailing Address
C/O PATRICIA HODSON 5251 EMERSON ST JACKSONVILLE FL 32207-1932	3627 UNIVERSITY BL S 840 JACKSONVILLE FL 32216-7404 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5251 Emerson St.	3599 University Blvd., S.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite B
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32207 / Country	Zip 32216 / Country

4. FEI Number 59-2872774 ☐ Applied For ☐ Not Applicable

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
ALLAN T GEIGER 1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be *Added to Fees*

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP FIELDS, ZACHARY R 5251 EMERSON STREET JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3599 University Blvd., S., Ste. B
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BAER, DOUGLAS 3627 UNIVERSITY BLVD., S JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T/V ☒ Change ☐ Addition 3599 University Blvd., S., Ste. B
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNEED, GARY W 8948 WESTERN WAY, STE 6 JACKSONVILLE FL 32256	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hutton, Donald H. 3599 University Blvd., S. Jacksonville, FL 32216 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] ALLAN T GEIGER 4/21/00 904-858-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #