2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K36051 **DOCUMENT #**

1. Entity Name



FILED Mar 17, 2003 8:00 am Secretary of State

CNB FLORIDA BANCSHARES, INC.				03-17-2003 90683 016 ***150.00		
Principal Place of Business 9715 GATE PARKWAY NORTH 9715 GATE PARKWAY NORTH JACKSONVILLE FL 32246 JACKSONVILLE FL 32246				* 1001011/1 0.00 11/1/10 01/1/10 00/1/10 00/10/10 11/10/1	êlêji 618ji 818ji 618ji 2	IBIS BIBIC 1841
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		KUPJUKORTE		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	itional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registe	red Agent	<u> </u>
****			Name			
TROWELL, K C 9715 GATE PARKWAY NORTH			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			<u> </u>			
JACKSONVILLE FL 32246						
·			City		FL Zip Code	
8. The abov	e named entity submits this statement for ations of registered agent.	or the purpose of changing	its registered office or regis	stered agent, or both, in the State of Florida.	am familiar with, a	and accept
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (A	OTE: Registered Agent signature requi			
	, , , , , , , , , , , , , , , , , , ,	але ило и аррисаме. (п	OTE. negistered Agent signature requ	ired when reinstating)	ATE	
	FILE MONUMERT IS A			-		
	FILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	\$5.00) May Bo
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department o	f State		Election Campaign Financing Trust Fund Contribution.		May Be to Fees
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Afte Make Checo	or May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department on OFFICERS AND DCP TROWELL, K.C.	DIRECTORS		Trust Fund Contribution.	☐ Added	to Fees
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I nereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: