## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # K68743** 1. Entity Name ROBERT KIDD & ASSOCIATES, INC. 04-12-2000 90180 036 \*\*\*150.00 Principal Place of Business Mailing Address 2150 RIVERSIDE AVE 2150 RIVERSIDE AVE SUITE 1 SUITE 1 JACKSONVILLE FL 32204 JACKSONVILLE FL 32204-4417 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3936560 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIDD, ROBERT B. Street Address (P.O. Box Number is Not Acceptable) 2150 RIVERSIDE STE 1 JACKSONVILLE FL 32204 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. PST ☐ Delete ☐ Change Addition TITLE TITLE KIDD, ROBERT B. NAME 2150 RIVERSIDE AVE SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TIT) F ☐ Change Addition NAME T NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME

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 truttee 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 key empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition

CITY-ST-ZIP

TITLE NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

INTERPRETABLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/3/00