2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # L01000012474 1. Entity Name 04-02-2002 90758 001 ***100.00 643 EAST 21ST STREET, L.L.C. Principal Place of Business Mailing Address 300 EAST STATE STREET 300 EAST STATE STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address 1548 Lancaster Terrace P. O. Box 40749 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Jacksonville, Florida Jacksonville, Florida Not Applicable Country Ζiρ Country Zip \$5.00 Additional 5. Certificate of Status Desired 32204 32203 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Clarence F. Frazier DUSS, JOHN S, N ESQ Street Address (P.O. Box Number is Not Acceptable) FORT, JETER BOWLUS, DUSS & MORGAN, P.A. 1548 Lancaster Terrace JACKSONVILLE FL 32257 City Jacksonville 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 Clarence F. Frazier, Registered Agent Signature, typed or printed name of regist (NOTE: Registered Agent signature required when reinstating) od agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ★ Addition TITLE ☐ Change TITLE ☐ Delete MGRM NAME NAME Retus Group, Inc. STREET ADDRESS STREET ADDRESS 1548 Lancaster Terrace CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32204 ☐ Delete TITLE Member ☐ Change ★ Addition TITLE NAME William M. Easton NAME STREET ADDRESS STREET ADDRESS 300 East State Street CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32202 Member Addition Delete] TITLE ☐ Change TITLE NAME Jerry Hoey NAME STREET ADDRESS 300 East State Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32202 ☐ Delete ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the frequency or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

MEMAX Suter, President of Managing Member SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

3/19/02 904/614-1717

FILED

☐ Change

Addition