

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90758 001 \*\*\*100.00

003778

**DOCUMENT # L01000012476**

1. Entity Name

**EAST 21ST STREET-PARCEL, L.L.C.**

Principal Place of Business

**300 EAST STATE STREET  
 JACKSONVILLE FL 32202**

Mailing Address

**300 EAST STATE STREET  
 JACKSONVILLE FL 32202**

2. Principal Place of Business

**1548 Lancaster Terrace**

3. Mailing Address

**P. O. Box 40749**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, Florida**

City & State

**Jacksonville, Florida**

4. FEI Number

**59-3738626**

Applied For

Not Applicable

Zip

**32204**

Country

**USA**

Zip

**32203**

Country

**USA**

5. Certificate of Status Desired

**\$5.00 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUSS, JOHN S IV ESQ  
 FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.  
 10110 SAN JOSE BOULEVARD  
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name  
**Clarence F. Frazier**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1548 Lancaster Terrace**  
 City  
**Jacksonville** **FL** Zip Code  
**32204**

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

*Clarence F. Frazier*

**Clarence F. Frazier, Reg. Agent**

**3/19/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RETUS GROUP, INC. 1548 LANCASTER TERRACE JACKSONVILLE FL 32204</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <b>William M. Easton</b> <b>300 East State Street</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <b>Jerry Hoey</b> <b>300 East State Street</b> <b>Jacksonville, FL 32202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Max Suter* **SIGNATURE REQUIRED** Max-Suter, Pres. of Managing Member **3/19/02 904/614-1717**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)