

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90208 031 \*\*\*\*50.00

DOCUMENT # 201000014892 ✓  
1. Entity Name

INOC, LLC

961010

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>2008 Riverside Ave</u>		3. Mailing Address <u>2008 Riverside Ave</u>	
Suite, Apt. #, etc. <u>Ste 200</u>		Suite, Apt. #, etc. <u>Ste 200</u>	
City & State <u>Jacksonville, FL</u>		City & State <u>Jacksonville FL</u>	
Zip <u>32204</u>	Country	Zip <u>32204</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3754560</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Ronald R. Austin, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
1400 Prudential Drive  
City Jacksonville FL Zip Code 32207

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.

DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>Charles Spencer</u> <u>5900 Queens Harbor Blvd</u> <u>Jacksonville, FL 32225</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>James Samson</u> <u>4835 Soutzi Ave</u> <u>Jacksonville, FL 32208</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>Carlton Jones</u> <u>2008 Riverside Ave Ste 200</u> <u>Jacksonville, FL 32204</u>
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CR2E083B (12/01)

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 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_