

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90247 038 ****55.00

DOCUMENT # L01000017177

1. Entity Name

JACKSONVILLE INTERNATIONAL TECHNOLOGY CENTER, L.C.

Principal Place of Business

Mailing Address

8375 DIX ELLIS TRAIL
SUITE 101
JACKSONVILLE FL 32256

8375 DIX ELLIS TRAIL
SUITE 101
JACKSONVILLE FL 32256

2. Principal Place of Business

8375 Dix Ellis Trail
 Suite, Apt. #, etc.
Suite 101

3. Mailing Address

8375 Dix Ellis Tr.
 Suite, Apt. #, etc.
Suite 101

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip Country
32256 USA

Zip Country
32256 USA

4. FEI Number

59-3688726

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCEMILLER, JOHN
333 FIRST ST. N. SUITE 305
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
TRINITY PARTNERS, INC.
8375 DIX ELLIS TRAIL
JACKSONVILLE FL 32256

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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.

TRINITY PARTNERS, INC. by PARK L. BEELER, President

SIGNATURE: PARK L. BEELER

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

7/7/02

Date

904-363-1764

Daytime Phone #

CR2E083 (4/02)