2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0000000644

Entity Name: ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.

Mar 01, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 456 P.O. BOX 2438

FERNANDINA BEACH, FL 32035 JACKSONVILLE, FL 322032438 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2438 P.O. BOX 2438

JACKSONVILLE, FL 322032438 JACKSONVILLE, FL 322032438 US

FEI Number: 59-0690965 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHIGO, JOYCE A LAZUK, JOHN PRES.

15 SPYGLASS LANE P.O. BOX 2438

PONTE VEDRA BEACH, FL 32082 JACKSONVILLE, FL 322032438 US US

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: JOHN LAZUK 03/01/2002

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ROATS, ELAYNE COATS, ELAINE Name: Name: 191 NASSAU PLACE Address: P.O. BOX 2438 Address:

City-St-Zip: YULEE, FL 32097 City-St-Zip: JACKSONVILLE, FL 322032438

Title: PD () Delete Title: (X) Change () Addition

MAYERS, LINDA A Name: MAYERS, LINDA A Name: Address: 5560 SHAWLAND ROAD Address: P.O. BOX 2438

City-St-Zip: JACKSONVILLE, FL 32254 City-St-Zip: JACKSONVILLE, FL 322032438

Title: () Delete Title: DIR (X) Change () Addition

SHIGO, JOYCE A SHIGO, JOYCE A Name: Name: 7301 BAYMEADOWS WAY Address: Address: P.O. BOX 2438

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 322032438

() Delete Title: VPD Title: PRES (X) Change () Addition

LAZUK, JOHN LAZUK, JOHN Name: Name: 500 WATER STREET Address: Address: P.O. BOX 2438

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 322032438

Title: () Delete Title: (X) Change () Addition

BROWNING, VIVIAN BROWNING, VIVIAN Name: Name:

P.O. BOX 40725 P.O. BOX 40725 Address: Address: JACKSONVILLE, FL 32203 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 322032438

Title: () Delete Title: (X) Change () Addition

HUMPHREY, ALECIA OWENS, DE DE Name: Name: Address: P.O. BOX 45085 Address: P.O. BOX 2438

JACKSONVILLE, FL 322032438 JACKSONVILLE, FL 32232 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LAZUK **PRES** 03/01/2002