

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007002

FILED  
Mar 17, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE MINORITY & INDEPENDENT CONTRACTORS ALLIANCE, INC.

**Current Principal Place of Business:**

521 JAMES ST.  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

521 JAMES ST.  
JACKSONVILLE, FL 32254

**New Mailing Address:**

**FEI Number:** 94-3414782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JEFFERSON, TINA R  
245 E. ADAMS ST., 2ND FL  
JACKSONVILLE, FL 32202 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JEFFERSON, TINA R  
Address: 245 E. ADAMS ST., 2ND FL  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DT ( ) Delete  
Name: FULWOOD, TERRI  
Address: 521 JAMES ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: DS ( ) Delete  
Name: SILAS, CYNTHIA S  
Address: 521 JAMES ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MOCK, TARRELL L  
Address: 521 JAMES STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: P/T (X) Change ( ) Addition  
Name: FULWOOD, TERRI  
Address: 521 JAMES ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: S (X) Change ( ) Addition  
Name: SILVA, CHRISTINE  
Address: 521 JAMES ST.  
City-St-Zip: JACKSONVILLE, FL 32254

Title: M/D ( ) Change (X) Addition  
Name: SHANNON, JERMYN  
Address: 521 JAMES STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: C ( ) Change (X) Addition  
Name: MOCK, TARRELL L  
Address: 521 JAMES STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: V ( ) Change (X) Addition  
Name: WILSON, WILLIAM  
Address: 521 JAMES STREET  
City-St-Zip: JACKSONVILLE, FL 32254

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: TARRELL L. MOCK

D

03/17/2002

Electronic Signature of Signing Officer or Director

Date