1/2

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 15 PM 2:30

DOCUMENT # N46155

Entity Name

COMMUTER SERVICES OF NORTH FLORIDA, INC.

9-24-02

ACCOUNTS

2003 AUG 15 A 3:35 55055608

[redacted]

Principal Place of Business	Mailing Address
FSU COLLEGE OF BUSINESS TALLAHASSEE FL 32306-1111	FSU COLLEGE OF BUSINESS TALLAHASSEE FL 32306-1111

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1961248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARVER, D. DEWAYNE
FSU COLLEGE OF BUSINESS
ROVETTA 321
TALLAHASSEE FL 32306-1111

7. Name and Address of New Registered Agent

Name Jeff Horton

Street Address (P.O. Box Number is Not Acceptable) FSU College of Business

Rovetta 321

City Tallahassee FL Zip Code 32306-1111

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] Jeffrey N. Horton 8/5/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MCPHERSON, TOM 2740 CENTERVIEW DR. TALLAHASSEE FL 32394-2100	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, JEANNIE P.O. BOX 1229 TALLAHASSEE, FL 32302	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC LANPL, LINDA P.O. BOX 10129 TALLAHASSEE FL 32301	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIRD, ANDREA 301 S. MONROE ST. TALLAHASSEE, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHASE, NORENE 405 CASTLETON CIRCLE TALLAHASSEE FL 32312-1405	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEGGY TAN P.O. BOX 518 MONTICELLO, FL 32345	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MCCOY, CARL P.O. BOX 1229 TALLAHASSEE, FL 32302	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEGGS, WILLIAM 301 S. MONROE ST. TALLAHASSEE, FL 32301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANCHARD, JOE 55 MIDNIGHT PASS CRAWFORDVILLE, FL 32327	☐ Change ☑ Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if [illegible] an address, with all other like empowered.

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2/2

CNPPPJT4 - 04 RUN DATE 08/22/2003 AS OF 08/22/2003
FLAIR - CENTRAL ACCOUNTING

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 492000 - FLORIDA STATE UNIVERSITY
SITE 00 - FL STATE UNIV-PAYABLES & DISBURSEMENTS S
(850)644-9645

SWDN S4000021862 ADOCNO V005072

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
49 20 2 655003 48900700 20 040000 00		25	3990	61.25	45 10 1 000132 45300100 00 000100 00 INVOICE # FILINGFEE 61.25		45	
TRANSACTION CODE TOTAL - 25				61.25	45			61.25

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ENTERED SEP 03 2003