

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000003781

FILED
Mar 24, 2003
Secretary of State

Entity Name: NORTH FLORIDA VENTURE CAPITAL NETWORK, INC.

Current Principal Place of Business:

4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3206971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSITER, ALAN W
4905 BELFORT ROAD
SUITE 110
JACKSONVILLE, FL 32256 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: CLARKSON, CHARLES W
Address: 3100 UNIVERSITY BLVD. SUITE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: MCCOLLUM, JAMES E
Address: 301 WEST BAY STREET, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MALLOT, JERRY
Address: 3 E INDEPENDENT DR
City-St-Zip: JACKSONVILLE, FL

Title: VFA () Delete
Name: CUMMINGS, MICHAEL E
Address: 3203 OAK ST
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MICHAEL E CUMMINGS

VPA

03/24/2003

Electronic Signature of Signing Officer or Director

Date