

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90098 017 ****61.50

DOCUMENT # N93000005473

1. Entity Name

FROM UNITY TO LOYALTY INC.

Principal Place of Business

**516 GOLFAIR BLVD
 JACKSONVILLE FL 32208
 US**

Mailing Address

**516 GOLFAIR BLVD
 JACKSONVILLE FL 32208
 US**

2. Principal Place of Business

516 Golfair Blvd.

3. Mailing Address

516 Golfair Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jax, FL

Zip

32209

Country

United

Zip

32209

Country

United



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NEAL, ANDR'E X
 516 GOLFAIR BLVD
 JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

Name **Andre X Neal**

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

3221 Clyde Dr

City

FL

Zip Code

32208

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
 NAME **KNIGHT, MICHAEL**
 STREET ADDRESS **2010 N. MAIN STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **VC** ☐ Delete
 NAME **EVANS, JAMES JR.**
 STREET ADDRESS **6934 RICHARDSON ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **T** ☐ Delete
 NAME **NEAL, ANDR'E X**
 STREET ADDRESS **3221 CLYDE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **T** ☐ Delete
 NAME **JORGAN, ESTELLE**
 STREET ADDRESS **2010 N. MAIN STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **T** ☐ Delete
 NAME **FLOWERS, ROBERT L**
 STREET ADDRESS **6720 WEST VIRGINIA COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **T** ☐ Delete
 NAME **KNIGHT, MICHAEL II**
 STREET ADDRESS **2010 N. MAIN STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andre X Neal 4/25/02 (904) 768-2778

CR2E037 (9/01)