2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003
Secretary of State

DOCUMENT# N94000004998

Entity Name: ENTERPRISE NORTH FLORIDA CORPORATION

Current Principal Place of Business:

4905 BELFORT RD
SUITE 110
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

4905 BELFORT RD
SUITE 110
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3333217 **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: PD ( ) Delete
Name: ROSSITER, ALAN W
Address: 4905 BELFORT ROAD SUITE 110
City-St-Zip: JACKSONVILLE, FL 32217

Title: C ( ) Delete
Name: CLARKSON, CHARLES
Address: 3100 UNIVERSITY BLVD, STE 200
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: PHILLIPS, WINFRED
Address: UF PO BOX 115500
City-St-Zip: GAINESVILLE, FL 32611

Title: DVC ( ) Delete
Name: SMITH, JACK
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: DC ( ) Delete
Name: HEGGESTED, ARNOLD
Address: PO BOX 117168
City-St-Zip: GAINESVILLE, FL 32611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CLARKSON, CHARLES
Address: 3100 UNIVERSITY BLVD, STE 200
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: C (X) Change ( ) Addition
Name: SMITH, JACK
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change ( ) Addition
Name: HEGGESTED, ARNOLD
Address: PO BOX 117168
City-St-Zip: GAINESVILLE, FL 32611

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: ALAN W ROSSITER PD 03/24/2003

Electronic Signature of Signing Officer or Director — Date