

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 15, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90385 023 \*\*\*150.00

**DOCUMENT # P00000051961**

1. Entity Name  
**EMPIRE BUILDERS OF ST. AUGUSTINE, INC.**

(LA)

Principal Place of Business      Mailing Address  
**11750 PHILLIPS HIGHWAY**      **11750 PHILLIPS HIGHWAY**  
**JACKSONVILLE FL 32256**      **JACKSONVILLE FL 32256**

2. Principal Place of Business      3. Mailing Address  
**715 Favor Dykes**      **715 Favor Dykes**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**St Augustine FL**      **St Augustine FL**  
 Zip      Country      Zip      Country  
**32086**      **USA**      **32086**      **USA**

4. FEI Number      Applied For  
**59-9654686**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MORRIS, ANDREW W**  
**11750 PHILLIPS HIGHWAY**  
**JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent  
 Name  
**Morris Andrew W**  
 Street Address (P.O. Box Number is Not Acceptable)  
**715 Favor Dykes**  
 City      State      Zip Code  
**St Augustine**      **FL**      **32086**

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 Andrew W. Morris      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State  
 10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, BEECHER W</b>	NAME	
STREET ADDRESS	<b>11750 PHILLIPS HIGHWAY</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, ANDREW W</b>	NAME	
STREET ADDRESS	<b>715 FAVOR DYKES ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32086</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RHODEN, TAMMY G</b>	NAME	
STREET ADDRESS	<b>2900 C.R. 214</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: Tammy G. Rhoden      Date: 4-29-01      Daytime Phone #: 904-669-0669

CR2E034 (10/00)