

FORM BUSINESS REPORT (UBR)

5/4

FILED
May 30, 2001 8:00 am
Secretary of State

05-04-2001 90077 043 ***150.00

DOCUMENT # P00000070370

1. Entity Name
ST. JOHNS SPORTSMAN-LEGAL SUPPORT SYSTEMS, INC.

Principal Place of Business Mailing Address
~~400 W. WILCOXSON AVE SUITE 200~~ ~~400 W. WILCOXSON AVE SUITE 200~~
~~DELAND FL 32724~~ ~~DELAND FL 32724~~
340 So. BEACH ST. **P.O. BOX 4676**
DAYTONA BEACH, FL 32114 **DELAND FL 32724**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3664361** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PIERCE, MARIA R.
1429 PERWINKLE AVE
DELAND FL 32720

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Maria R. Pierce*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
AT&T 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 NAME Delete
DPTS PIERCE, MARIA R.
 STREET ADDRESS **1429 PERWINKLE AVE**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE NAME Change Addition
PIERCE, MARIA R.

TITLE NAME Delete
DV PIERCE, C WALTER II
 STREET ADDRESS **1429 PERWINKLE AVE**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE NAME Change Addition

TITLE NAME Delete
~~ST. JOHNS SPORTSMAN-LEGAL SUPPORT SYSTEMS, INC.~~

TITLE NAME Change Addition

TITLE NAME Delete
DIRECTOR SARA C. JACKSON
 STREET ADDRESS **1429 PERWINKLE AVE.**
 CITY-ST-ZIP **DELAND, FL 32724**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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 60, 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: *M.R. Pierce* **Maria R. Pierce** 4/30/01 386-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)