2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State DOCUMENT # P00000081604 1. Entity Name ROSCOE ESTATES DEVELOPMENT, INC. 05-07-2002 90271 035 ***150.00 Principal Place of Business, Mailing Address 4315 PABLO OAKS COURT, STE, 1 4315 PABLO OAKS COURT, STE. 1 լյասս⊶≁∽֊ JACKSONVILLE FL 32224-9667 JACKSONVILLE FL 32224-9667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3673077 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOKES, E. CHESTER, JR. STOKES, JR., E. CHESTER Street Address (P.O. Box Number is Not Acceptable) 4315 PABLO OAKS COURT, SUITE 1 9551 BAYMEADOWS ROAD STE 4 JACKSONVILLE FL 32256 City JACKSONVILLE 8. The above named first ty submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. E. Chester Stokes, Jr. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 E Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP ☐ Delete TITLE ☐ Addition NAME STOKES, JR, E. CHESTER NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224-9667 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME BERGMANN, THOMAS C NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE, 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224-9667 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME BRAREN, MICHAEL E NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224-9667 CITY-ST-ZIP TITLE Delete TITLE ☐ Change XXAddition NAME WALLACE, L. DENISE NAME KUNKEL, JOHN C. STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS 4315 PABLO OAKS COURT, SUITE 1 CITY-ST-ZIP Jacksonville fl. 32224-9667 CITY-ST-7IP JACKSONVILLE, FL 32224-9667 TITLE ☐ Delete TITLE Change Addition NAME FREDENHAGEN, SHARON W NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-7IP Jacksonville FL 32224-9667 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME HICE, SHERRY NAME 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

JACKSONVILLE FL 32224-9667

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Hice, Secretary

904/482-1100

Daytime Phone #