

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90158 048 ***158.75

DOCUMENT # P00000084540

1. Entity Name

STRUCTURED HOLDINGS, INC.

Principal Place of Business

Mailing Address

**8272 WALLINGFORD LANE
 JACKSONVILLE FL 32256**

**8272 WALLINGFORD LANE
 JACKSONVILLE FL 32256**

DUV43803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4114 Mizner Cir S
 Suite, Apt. #, etc.

3. Mailing Address

4114 Mizner Cir S
 Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3668430

Applied For

Not Applicable

Zip **32217** Country **USA**

Country **USA**

Zip **32217** Country **USA**

Country **USA**

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

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6. Name and Address of Current Registered Agent

**WINKLER, JOHN S
 8272 WALLINGFORD LANE
 JACKSONVILLE FL 32256**

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

Signature, typed or printed name of registered agent and title if applicable

(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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	<input type="checkbox"/> Delete
NAME	D BROWN, ANTONIA
STREET ADDRESS	8272 WALLINGFORD LANE
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02
 Date

404-733-7543
 Daytime Phone #

CR2E034 (9/01)