04/29/2003 11:16 FAX 9042624585 BEIR&FISCHER

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Secretary of State
05-01-2003 90820 045 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000815

1. Entity Name
HINSON & ASSOCIATES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
12354 YORK HARBOR DR. JACKSONVILLE FL 32225	12354 YORK HARBOR DR. JACKSONVILLE, FL 32225

2. Principal Place of Business	3. Mailing Address
2925 AMELIA BLUFF DR	2925 AMELIA BLUFF DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE FLA.
Zip: 32226 County: DUVAL	Zip: 32226 County: DUVAL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3689287 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HINSON, DOUGLAS
12354 YORK HARBOR DR.
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent
Name: HINSON, DOUGLAS
Street Address (P.O. Box Number is Not Acceptable): 2925 AMELIA BLUFF DRIVE
City: JACKSONVILLE FL Zip Code: 32226

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HINSON, DOUGLAS 12354 YORK HARBOR DR. JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HINSON, DOUGLAS 2925 AMELIA BLUFF DR, JAX, FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HINSON, MISTY 12354 YORK HARBOR DR. JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HINSON, MISTY 2925 AMELIA BLUFF DR, JAX, FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 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 — Date — Daytime Phone #