

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90448 024 ***150.00

DOCUMENT # P01000001468

1. Entity Name

INCONTROL ONLINE, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4919 WESCONNETT BLVD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 14479

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32238-1479

Country

USUSA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID H. MCQUAIG

Street Address (P.O. Box Number is Not Acceptable)

5515-3 PHILLIPS HIGHWAY

City

JACKSONVILLE

FL

Zip Code
32207

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, O. BRUCE 4919 WESCONNETT BLVD. JACKSONVILLE, FL 32210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:  O. BRUCE FRANKLIN 4/30/2002 (904) 5738678
Date Daytime Phone #