

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90207 026 \*\*\*150.00

**DOCUMENT # P01000023933**

1. Entity Name  
**PPR INTERNATIONAL, INC.**

Principal Place of Business

**333 1 ST N  
 JACKSONVILLE FL 32250**

Mailing Address

**333 1 ST N  
 JACKSONVILLE FL 32250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite 200**

City & State

Zip

Country

Suite, Apt. #, etc.

**Suite 200**

City & State

Zip

Country

4. FEI Number

**59-3727321**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SOX, RICHARD N JR  
 215 S MONROE ST, STE 600  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Glazier & Glazier, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8825 Perimeter Park Blvd Suite 504**  
 City **Jacksonville** FL Zip Code **32216**

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.

**GLAZIER & GLAZIER, P.A.**

SIGNATURE **By Scott L. Glazier, as Vice President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/02**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FREIN, KEITH</b>	
STREET ADDRESS	<b>1514 S 1 ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32250</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COOPER, DWIGHT</b>	
STREET ADDRESS	<b>2040 GREEN HERON POINT</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32250</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VP, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paul Remsen</b>	
STREET ADDRESS	<b>6756 Linford Lane</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32217</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Andrea Blair</b>	
STREET ADDRESS	<b>333 1st Street N, Suite 200</b>	
CITY-ST-ZIP	<b>Jacksonville Beach, FL 32250</b>	
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Keith Frein</b>	
STREET ADDRESS	<b>1514 S. First Street</b>	
CITY-ST-ZIP	<b>Jacksonville Beach, FL 32250</b>	
TITLE	<b>VP/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dwight Cooper</b>	
STREET ADDRESS	<b>2040 Green Heron Point</b>	
CITY-ST-ZIP	<b>Jacksonville Beach, FL 32250</b>	
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 Required**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/02**

Date

**904-241-9231 x 226**

Daytime Phone #

CR2E034 (9/01)