2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## FILED Feb 07, 2003 8:00 am Secretary of State

**DOCUMENT # P01000059567** 02-07-2003 90113 008 \*\*\*150.00

1. Entity Name
GROUP IV INDUSTRIAL, INC. Mailing Address Principal Place of Business 5605 FLORIDA MINING BLVD SOUTH 5605 FLORIDA MINING BLVD SOUTH BUILDING 100 SUITE 11 BUILDING 100 SUITE 11 JACKSONVILLE, FL 32257 **LACKSONVILLE, FL. 32257** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-3728875 Not Applicable \$8.75 Additional Fee Required Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent BOATRIGHT, SCOTT R ESQ 4209 BAYMEADOWS RD, STE 4 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32217 Zip Code City a. 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. (NOTE: Registered Agent Signature required when reinstating) FILE NOWIN TEE IS \$150,00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change DP Delete TITLE NAME . CR2E034 (10/ LANGSENKAMP, KURT NAME 5605 FLORIDA MINING BLVD SOUTH STE 11 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZP ☐ Change Addition Addition TITLE DVS Delete NAME SPINNER, WILLIAM NAME STREET ADDRESS STREET ADDRESS 5605 FLORIDA MINING BLVD SOUTH STE 11 CITY-ST-2IP JACKSONVILLE, FL 32267 CITY-ST-ZP ■ Addition ☐ Change TITLE ☐ Delete TITLE DT WALTERS, ROBERT NAME NAME 5605 FLORIDA MINING BLVD SOUTH STE 11 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32257 CITY ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P ☐ Change Addition ☐ Delete TITLE 1/1/6 NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP CITY-ST-ZP Addition ☐ Delete 1(1) F 111LE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P 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 of the receiver of 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. William T. Spinner <u>904-292-9660</u> SIGNATURE: