FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am Secretary of State

DOCUMENT # P01000090533				1 of 2		05-10-2002 90012 041 ***150.00				
INCEPTURE, INC.										
DO NOT WRITE IN THIS SPACE						80093510				
2. Principal F	Place of Business iverside Avenue	3. Mailing Address	ο Δτ							
Suite, Apt. #, etc. 532 Riverside Suite, Apt. #, etc. 532 Riverside Suite, Apt. #, etc.			e A	/enue		DO NOT WRITE IN THIS SPACE				
City & Star		City & State				4. FEI Number Applied For				
Jackso Zip	nville FL Country	Jacksonville Zip	FL Country			59-3720231		ot Applicable		
32202		32202		ıva1	5	. Certificate of Status Desired	\$8.75 Ad Fee Require			
				News	7.	Name and Address of Current Register	red Agent			
	DO NOT W	חדר		Name Mark S. McGowan						
	DO NOT W	,		Street Address (P.O. Box Number is Not Acceptable)						
	IN THIS SPA	ACE		4800						
						erwood Campus Pkwy., 10(:-7				
				City Jacks	sonvi.	ville FL Zip Code 32246				
8. The above	e named entity submits this statement for	the purpose of changing its i	register	ed office or re	egistered .	agent, or both, in the State of Florida.				
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registere	d Agent signature i	required whe	n reinstating) DATE				
9. This corporation is eligible to satisfy its Intangible Tax fiting requirement and elects to do so. (See criteria on back) January 1 - May After May 1, F Amended U Make Check Payable to			l, Fee i UBR i	s \$550.00 s \$61.25		Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees		
11.	OFFICERS AND D	<u> </u>								
TITLE	C		TITLE							
NAME STREET ADDRESS	R. Chris Doerr		NAM	E ET ADDRESS						
CITY-ST-ZIP	4800 Deerwood Campus Jacksonville FL 32	Pkwy., 100-8 2246-8773		-ST-ZIP						
TITLE	D	·/ 40=0//J	TITLE	:						
NAME	Donald M. Hardeman			E						
STREET ADDRESS CITY-ST-ZIP	8381 Dix Ellis Trail	Suite 105		STREET ADDRESS CITY-ST-ZIP						
TITLE	<u>Jacksonville FL 322</u>	256	TITLE							
	Charles S. Joseph		NAM	!						
STREET ADDRESS	REEL ADDRESS 4800 Deerwood Campus Pkwy 100-7			ET ADDRESS	DO NOT WRITE					
	Jacksonville FL 322	246	-	-ST-ZIP		DO NOT WHITE				
TITLE NAME	D Deann a M. McDonald		TITLE	I .		IN THIS SPA	CE			
				ET ADDRESS						
	Jacksonville FL 322		CITY	-ST-ZIP						
TITLE	D D		TITLE	•						
	Barry O'Reilly	D1	NAMI STRE	E ET ADDRESS						
CITY-ST-ZIP	4800 Deerwood Campus Jacksonville FL 32	Pkwy., 600-3		-ST-ZIP				ļ		
TITLE	S	· 	TITLE							
	Mark S. McGowan		NAM	1						
STREET ADDRESS CITY-ST-ZIP	4800 Deerwood Campus	Pkwy., 100-7		ET ADORESS				ļ		
CITY-ST-ZIP 13. Thereby 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						oformation				
indicated	on this report or supplemental report is tr	rue and accurate and that m	v signat	ure shall have	e the sam	e legal effect as if made under oath: that	l am an officer	or director		

13. I hereby certify that the information supplied with this filling does not quality 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: Mark S. McGowan Mark S. McGowan	4-29-2002	904-905-6570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT (UBR

Attachment B0093510

UNIFORM BUSINESS REPORT (UBR)						B0093510				
DOCU 1 Entity Na	MENT # P01000090	533	\sum	2 of	2	· ·				
INCEPTURE, INC.										
	DO NOT WRITE	IN THIS SI	PAC	E						
	Place of Business	3. Mailing Address								
532 Riverside Avenue Suite, Apt. #, etc.		Suite, Apt. #, etc.	Riverside Avenue Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te onville FL	City & State Jacksonville FL				4. FEI Number 59-3720231			Applied For	
Zip	Country	Zip		Country		Certificate of Status Desired			Not Applicable Additional	
					7.	Name and Address of Current	Registere	Fee Rec	uired	
DO NOT WOITE				Name	Mark S. McGowan					
	DO NOT W			Street A	ddress (P.	O. Box Number is Not Acceptable)	•••		
	IN THIS SF	PACE		480	4800 Deerwood Campus Pkwy., 100-7					
					ksonv		FL		Code 246	
8. The above	e named entity submits this statement fo	r the purpose of changing its	register	ed office or	registered	agent, or both, in the State of Flor	ida.	1		
SIGNATURE										
	Signature, typed or printed name of registered agent	Innues t M		d Agent signatu		nen reinstating)	DATE			
(Con extractions break) Amended L			1, Fee i I UBR i	Fee is \$550.00 JBR is \$61.25 to Department of Stat		10. Election Campaign Fina Trust Fund Contribution			5.00 May Be ided to Fees	
11,	OFFICERS AND									
TITLE NAME	T Scott Froyen		TITLE						CR2E034B (12/01)	
STREET ADDRESS				ET ADDRESS	•				108	
CITY-ST-ZIP	Jacksonville FL 3	2202	-	-ST-ZIP					8	
NAME	P/CEO Curtis W. Lord		TITLE						CR2	
STREET ADDRESS CITY-ST-ZIP	Joa Marcelliae Mrchae, 201		1	ET ADDRESS -ST-ZIP					1	
TITLE	Jacksonville FL 32202		TITLE							
NAME	Robert J. Wright		NAME	:						
STREET ADDRESS CITY-ST-ZIP	532 Riverside Avenu Jacksonville, FL			ET ADDRESS -ST-ZIP		DO NOT WRITE				
TITLE			TITLE			IN THIS S	DAC	` E		
NAME STREET ADDRESS			NAME STREE	ET ADDRESS		114 11113 3	'FA	∕ I	ļ	
CITY-ST-ZIP				ST-ZIP						
TITLE NAME			TITLE							
STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE NAME			TITLE NAME			,				
STREET ADDRESS		•		T ADDRESS						
CITY-ST-ZIP		de la Birana di	CITY	ST-ZIP						

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SIGNATURE:

Mark S. McCrowan

Mark S. McGowan

4-29-2002 904-905-6570

Daytim