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

03-27-2002 90083 028 ***150.00

B0053572

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096737

1. Entity Name
Julington Loop Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
450-SR-13N-1	8375 Baymeadows Way	
Suite, Apt. #, etc. # 101	Suite, Apt. #, etc.	
City & State Jacksonville Fl	City & State Jacksonville Fl	4. FEI Number 59-3748451 ☐ Applied For ☐ Not Applicable
Zip 32259 Country USA	Zip 32256 Country USA	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Kenneth C. Caplan

Street Address (P.O. Box Number is Not Acceptable): 8375 Baymeadows Way

City: Jacksonville FL Zip Code: 32256

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	DP	TITLE	
NAME	Kenneth C. Caplan	NAME	
STREET ADDRESS	8375 Baymeadows Way	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32256	CITY-ST-ZIP	
TITLE	DST	TITLE	
NAME	Mark A. Taylor	NAME	
STREET ADDRESS	8375 Baymeadows Way	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32256	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	Danny Tanton	NAME	
STREET ADDRESS	925 Bayside Bluff Rd	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32259	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	D	TITLE	
NAME	John P. Olson	NAME	
STREET ADDRESS	115 Trailing Oak	STREET ADDRESS	
CITY-ST-ZIP	Cary NC 27513	CITY-ST-ZIP	**IN THIS SPACE**
TITLE	D	TITLE	
NAME	Charles D Mokes	NAME	
STREET ADDRESS	7906 Bristol Bay Lane W	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl 32244	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Kenneth C Caplan Pres 9047320404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #