FILED

2002 Uniform Business Report (UBR)

SIGNATURE: 4

Apr 04, 2002 8:00 am \$ Secretary of State . P01000097382 DOCUMENT # 1. Entity Name JAMES TAYLOR VINSON CO., INC. 04-04-2002 90020 003 ***150.00 Principal Place of Business Mailing Address 11643 LOIS CROSS COURT 11643 LOIS CROSS COURT JACKSONVILLE FL 32258 JACKSONVILLE FL 32258 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59 - 374725` Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alan Vinson PLEIMAN, THOMAS C JR. Street Address (P.O. Box Number is Not Acceptable) 9471 BAYMEADOWS ROAD SUITE 308 JACKSONVILLE FL 32256 City Jackson VIIIe 8. The above named e statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 1 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Defete TITLE ☐ Change Addition NAME VINSON, ALAN NAME STREET ADDRESS 11643 LOIS CROSS COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32258 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 supplier ental 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 of the changed, or on an attachme

Daytime Phone #