FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 16, 2002 8:00 am Secretary of State P01000112056 DOCUMENT # 1. Entity Name 09-16-2002 90091 023 ***150.00 COMMERCIAL JACKSONVILLE, INC. Principal Place of Business Mailing Address ONE INDEPENDANT DR STE 1710 ONE INDEPENDANT DR STE 1710 HU138278 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 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 04-3622584 City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, COLLEEN A ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 2731 MADRID ST JACKSONVALE BCH FL 32250 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE Addition WHITE, CHARLES D NAME NAME ONE INDEPENDANT OR STE 1710 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITE, CHARLES D NAME NAME STREET ADDRESS ONE INDEPENDANT DR STE 1710 STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-7IP CITY-ST-ZIP **DPVS** TITLE ☐ Delete TITLE ☐ Change Addition SCOTT, MARK NAME NAME ONE INDEPENDANT DR STE 1710 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition Richard J. Toomey one Independent Dr. Ste 1710 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville, FL 12202 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

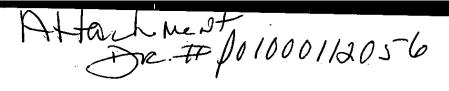
CITY-ST-7IP

Commercial Jacksonville

1 Independent Drive Suite 1710 Jacksonville, Florida 32202 Phone (904) 358-2717 Fax (904) 358-3229

Mark Scott markscott@commjax.com (904) 633-2650

Chuck White chuckwhite@commjax.com (904) 633-2641



September 13, 2002

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Re: Late Filing

To Whom It May Concern:

Attached is the 2002 Uniform Business Report required by the Division of Corporations. I apologize for the delay in your receiving this filing, however, we never received the forms to file for the original due date.

Please accept this filing along with the enclosed check for one hundred-fifty dollars. I appreciate your patience and encourage you to contact me should you have any questions.

Sincerely,

Mark T. Scott.
Principal

(904) 633-2650

MTS/sf

A member of the

CUSHMAN & WAKEFIELD.

S:\SCOTT\GC\DivofCorp.doc Independently Owned and Operated

A full commission computed and earned in accordance with the rates and conditions of our agency agreement with our principal, when received from our principal, will be paid to the cooperating broker who consummates a lease which is unconditionally executed and delivered by and between lessor and lessee (a copy of the rates and conditions referred to above is available upon request).

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