2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P02000023557

Entity Name: LOFTON POINTE DEVELOPMENT, INC.

Current Principal Place of Business:

7700 SQUARE LAKE BLVD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7700 SQUARE LAKE BLVD.
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 04-3650275 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALTERS, MICHAEL A
50 N. LAURA ST., STE. 2200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COPPENBARGER, RONNIE D
Address: 7700 SQUARE LAKE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: JACKSON, WOLFE
Address: 7700 SQUARE LAKE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: STEPHENS, IDA LOU
Address: 7700 SQUARE LAKE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: COPPENBARGER, IMOGENE
Address: 7700 SQUARE LAKE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: COPPENBARGER, RONNIE D
Address: 7700 SQUARE LAKE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: DV (X) Change ( ) Addition
Name: JACKSON, WOLFE
Address: 7700 SQUARE LAKE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: DVS (X) Change ( ) Addition
Name: STEPHENS, IDA LOU
Address: 7700 SQUARE LAKE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT (X) Change ( ) Addition
Name: COPPENBARGER, IMOGENE
Address: 7700 SQUARE LAKE BLVD.
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOLFE JACKSON VP 05/01/2003

Electronic Signature of Signing Officer or Director — Date