## FILED 2003 FOR PROFIT CORPORATION Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000025489 DOCUMENT # 04-28-2003 90204 033 \*\*\*150.00 1. Entity Name THE ST. JOHNS RIVER GROUP, INC. Mailing Address Principal Place of Business 3690 CHERRY HILLS COURT 3690 CHERRY HILLS COURT GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 2. Principal Place of Business 3. Mailing Address COOR PUNTEURCE 5836 BOY P.O Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FÉI Number Applied For ゃ Dark FLEMING Is conid Not Applicable ORANGZ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 2000 Fee Required 32003 USG 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code Oversun 32003 Spare 8. The above named entity submits this stategrant 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. FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Delete TITLE Change TITLE NAME NAME MCMULLEN, DAVID W STREET ADDRESS STREET ADDRESS 1655 THE GREENS WAY, APT. 2321 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32250 DIJOHN BOLGE ☐ Delete Change ☐ Addition TITLE D 544 MAJESTIC WOUD DR NAME NAME BAGOT, JOHN K JR. STREET ADDRESS STREET ADDRESS 1559 DOLPHIN COURT lereer cove Springs Fl CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 Dereno C- Milloury --TITLE Delete TITLE 5834 LEOBE RIN Terrace NAME NAME MILBURN, DONALD L STREET ADDRESS STREET ADDRESS ononce poek El 3690 CHERRY HILLS COURT CITY-ST-ZIP CITY-ST-ZIP green cove springs FL 32043 Change Addition ☐ Delete TITLE ANDREW FOWLER NAME NAME ISLO WOLNUT CREEK Drue STREET ADDRESS STREET ADDRESS ORDNIE PORK FI 32063 CITY-ST-ZIP CITY-SY-7IP Addition. Delete TITLE ☐ Change TITLE Nathan Milbuen NAME NAME 8451 EVEREST DA JE STREET ADDRESS STREET ADDRESS 32244 CITY-ST-ZIP CITY-ST-ZIP rusonville Fl

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 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 on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to ex changed, or on an attach

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition