## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MAITLAND FL 32751

3. Mailing Address

City & State

Suite, Apt. #, etc.

P02000036402 DOCUMENT #

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

1. Entity Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

MCKINNEY, F DAVID

MAITLAND FL 32751

SIGNATURE

the obligations of registered agent.

850 CONCOURSE PKWY SOUTH STE 200

FILE NOW!!! FEE IS \$550.00

City & State

MAITLAND FL 32751

850 CONCOURSE PKWY SOUTH STE 200

JRD MANAGEMENT CORP.

Jul 28, 2003 8:00 am Secretary of State 07-28-2003 90142 016 \*\*\*550.00 850 CONCOURSE PKWY SOUTH STE 200 ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE

After September 10, 2003 Make Check Payable to Flori		15 (6) Q <sub>1</sub> (1)			Trust Fund Contribution.		Added 1	May Be to Fees
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F. Dav  850 Co  Maitla	ent and Direct id McKinney ncourse Parkwa nd, FL 33751-6	y So.		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice P John F 850 Co	resident and I Watson, Jr. ncourse Parkwa nd, FL 32751-6	irec <u>t</u> y So.	-	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Donald  850 Co	resident and T B. Boone ncourse Parkwa nd, FL 32751-6	ıv So.		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce 850 Co	resident and D C. Arrow ncourse Parkwa nd, FL 32751	_		X Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment

SIGNATURE: