

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90896 001 ***450.00

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

DOCUMENT # P02000036813 1. Entity Name NEW AUGUSTINE PROPERTIES, INC					
Principal Place of Business 1255 PONCE ISLAND DR., SUITE C-733 ST. AUGUSTINE, FL 32095			Mailing Address 1255 PONCE ISLAND DR., SUITE C-733 ST. AUGUSTINE, FL 32095		
2. Principal Place of Business 3505-5 US 1 South Suite, Apt. #, etc.		3. Mailing Address 3505-5 US 1 South Suite, Apt. #, etc.			
City, State St Augustine, FL		City, State St Augustine, FL		4. FEL Number 01-0645632	
Zip 32086		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, CHARLES E JR. 77 ALMERIA ST. ST. AUGUSTINE, FL 32084				7. Name and Address of New Registered Agent Name Gregory C King Street Address (P.O. box Number is Not Acceptable) 11 San Jose Dr. City Palm Coast FL Zip Code 32137	
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 Gregory C King DATE 4/28/03 (NOTE: Registered Agent's signature required when effecting change)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAVINO, DON 3505-5 US 1 SOUTH ST. AUGUSTINE, FL 32086	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Davino, Don 3505-5 US 1 South St Augustine FL 32086	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KING, GREGORY C 11 SAN JOSE DR. PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 with an address, with all other like empowered.					
SIGNATURE: Gregory C King			DATE: 4/28/03 PHONE: 904 794-2712		

CH2E034 (10/02)