2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90067 014 ***150.00

DOCUMENT # P02000108015

1. Entity Name
AEGIS MGT., INC.

Principal Place of Business	Mailing Address
P. O. BOX 2055	P. O. BOX 2055
PONTE VEDRA FL 32004	PONTE VEDRA FL 32004

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
200 EXECUTIVE WAY	
Suite, Apt. #, etc.: SUITE 111	Suite, Apt. #, etc.:
City & State: PONTE VEDRA, FL	City & State:
Zip: 32082 Country: USA	Zip: Country:

4. FEI Number: 74-3064546 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEON, LISA M	Name: JOHN T. EWING
5095 US 1 SOUTH	Street Address (P.O. Box Number is Not Acceptable): 200 EXECUTIVE WAY
ST. AUGUSTINE FL 32086	SUITE 111
	City: PONTE VEDRA FL Zip Code: 32082

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] JOHN T. EWING 3/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHN T. EWING		NAME		
STREET ADDRESS	200 EXECUTIVE WAY S-111		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA, FL 32082		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JANE EWING		NAME		
STREET ADDRESS	200 EXECUTIVE WAY S-111		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA, FL 32082		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: [signature] SIGNATURE REQUIRED JOHN T. EWING 3/22/03 904-280-7616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #