FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90208 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000111425

1. Entity Name
F C R, INC.

11033773

Principal Place of Business
4389 PORT ARTHUR ROAD
JACKSONVILLE, FL 32224 US

Mailing Address
4389 PORT ARTHUR ROAD
JACKSONVILLE, FL 32224 US

2. Principal Place of Business: 14019 Beach Blvd #832
Suite, Apt. #, etc.
City & State: JAX, FL
Zip: 32250 Country

3. Mailing Address: P.O. Box 19392
Suite, Apt. #, etc.
City & State: JAX, FL
Zip: 32245 Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number — X Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CARLSON, JOHN D
4389 PORT ARTHUR ROAD
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 4/28/03
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 Checks 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-ST-ZIP	P CARLSON, JOHN D 4389 PORT ARTHUR ROAD JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	X Change ☐ Addition 14019 Beach Blvd #832 JAX, FL 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KOEHLER, CRAIG S 2001 HODGES BLVD APT #117 JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/28/03 904-333-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #