FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90082 004 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000129064

1. Entity Name
CONSTANTINI & ASSOCIATES, INC.

90137997

Principal Place of Business
3536 UNIVERSITY BOULEVARD
SUITE 151
JACKSONVILLE, FL 32211

Mailing Address
3536 UNIVERSITY BOULEVARD
SUITE 151
JACKSONVILLE, FL 32211

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 45-0492434 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CONSTANTINI, JOANN M
3536 UNIVERSITY BOULEVARD, SUITE 151
SUITE 151
JACKSONVILLE, FL 32211

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, 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

TITLE	P	☐ Delete
NAME	CONSTANTINI, JOANN M	
STREET ADDRESS	3536 UNIVERSITY BOULEVARD N, SUITE 151	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE	ST	☐ Delete
NAME	WISEMAN, JUDITH A	
STREET ADDRESS	3536 UNIVERSITY BOULEVARD N, SUITE 151	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
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: JoAnn M Constantini — 5/24/03 — 904 565 1977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #