

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90086 013 ***158.75

DOCUMENT # P02954

1. Entity Name
CORIM, INC.



Principal Place of Business
**325 W ADAMS ST
6TH FL
JACKSONVILLE FL 32202
US**

Mailing Address
**PO BOX 359
BOX 359
JACKSONVILLE FL 32201-0359
US**

90004688



2. Principal Place of Business
6900 Southpoint Dr. N

Suite, Apt. #, etc.
Suite 200

City & State
Jacksonville, FL

Zip
32216

Country
United States

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1422587**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLINGHAM, BEN H JR
325 W ADAMS ST
6TH FL
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
**6900 Southpoint Dr., N.
Suite 200**

City
Jacksonville

FL

Zip Code
32216

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 *Ben H. Willingham*
Signature, typed or printed name of registered agent and title if applicable.

Ben H. Willingham - President

1/7/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 **PD** ☐ Delete
NAME **WILLINGHAM, BEN H JR**
STREET ADDRESS **325 W ADAMS SST**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **SD** ☐ Delete
NAME **OLIVER, JOSE M**
STREET ADDRESS **325 W ADAMS ST**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6900 Southpoint Dr., N. #200**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6900 Southpoint Dr., N. #200**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

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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:

Ben H. Willingham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ben H. Willingham 1/7/03

Date

Daytime Phone #

904-355-3500