## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am Secretary of State P92000011453 DOCUMENT # 1. Entity Name 05-14-2002 90068 029 \*\*\*150.00 VFA-MAYFAIR, INC. Principal Place of Business Mailing Address 3020 HARTLEY RD. 3020 HARTLEY RD. SUITE 300 SUITE 300 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3161264 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .. 7. Name and Address of New Registered Agent FARRELL, MARK T. Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY RD. SUITE 300 JACKSONVILLE FL 32257 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE Delete TITLE ROOD, JOHN D NAME NAME STREET ADDRESS 3020 HARTLEY RD STE 300 STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32257 CITY-ST-7IP ٧S □ Delete TITLE ☐ Addition NAME Farrell, Mark T NAME STREET-ADDRESS STREET ADDRESS 3020 HARTLEY RD STE 300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Delete ☐ Change ☐ Addition TITLE TITLE 1 530 NAME NAME SMITH, BERNARD STREET ADDRESS 3020 HARTLEY RD STE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32257 TITLE Change Change ☐ Addition TITLE ☐ Delete . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition 1 (515 364 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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Daytime Phone #

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark T. Farrell April 19, 2002 (904) 260-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR