

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90031 015 \*\*\*150.00

**DOCUMENT # P93000007752**

1. Entity Name

**ECKERT & SMITH, P.A.****ECKERT, BENSON & ASSOCIATES, P.A.**

Principal Place of Business	Mailing Address
ATLANTIC BLVD. C JACKSONVILLE FL 32207	4741 ATLANTIC BLVD. SUITE C JACKSONVILLE FL 32207-1144

2. Principal Place of Business	3. Mailing Address
4711 U.S. Hwy. 17 South	4711 U.S. Hwy. 17 South

Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 3	Suite 3

City & State	City & State
Orange Park, FL 32073	Orange Park, FL 32073

Zip	Country	Zip	Country
32073	Clay	32073	Clay

4. FEI Number	59-3169705	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ECKERT, W. KELSEA 4741 ATLANTIC BLVD. SUITE C JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4711 U. S. Hwy. 17 South
Suite 3
City
Orange Park
FL
Zip Code
32073

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  (NOTE: Registered Agent signature required when reinstating) DATE 4/19/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	ECKERT, W K
STREET ADDRESS	4741 ATLANTIC BLVD SUITE C
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	SMITH, CHRIS
STREET ADDRESS	4741 ATLANTIC BLVD. SUITE C
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4711 U.S. Hwy. 17 South, Suite 3
CITY-ST-ZIP	Orange Park, FL 32073
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  DATE 4/19/00 DAYTIME PHONE # 904-215-4010

CR2E034 (9/99)