

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90056 034 ***158.75

DOCUMENT # P93000015262

1. Entity Name

RESERVE CORPORATION

Principal Place of Business

7500 CENTURION PARKWAY
 STE 100
 JACKSONVILLE FL 32256

Mailing Address

7500 CENTURION PARKWAY
 STE 100
 JACKSONVILLE FL 32256

2. Principal Place of Business

8016 Bowdendale Avenue

3. Mailing Address

Suite, Apt. #, etc.
 Suite D

City & State
 Jacksonville, FL

City & State

Zip
 32216

Country
 USA

Zip

Country

4. FEI Number
 59-3168877

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FLORIDA 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE O ☐ Delete
 NAME MEEK, G R
 STREET ADDRESS 7500 CENTURION PKWY STE 100
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE O ☐ Delete
 NAME CALLAHAN, J M
 STREET ADDRESS 7500 CENTURION PKWY STE 100
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE AS ☐ Delete
 NAME ROBINSON, J F
 STREET ADDRESS ONE JOHNSON & JOHNSON PLAZA
 CITY-ST-ZIP NEW BRUNSWICK, N J

TITLE AS ☐ Delete
 NAME REILLY, M P
 STREET ADDRESS ONE JOHNSON & JOHNSON PLAZA
 CITY-ST-ZIP NEW BRUNSWICK, N J

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
 NAME BROWN, S P
 STREET ADDRESS ONE JOHNSON & JOHNSON PLAZA
 CITY-ST-ZIP NEW BRUNSWICK, NJ 08933

TITLE A ☐ Change ☐ Addition
 NAME PAPA, J
 STREET ADDRESS ONE JOHNSON & JOHNSON PLAZA
 CITY-ST-ZIP NEW BRUNSWICK, N J

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

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

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

TITLE O ☐ Change ☐ 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/01 (904) 443-1654

CR2E034 (11/00)