

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000019964**1. Entity Name
SENTRY BUILDING, INC.

Principal Place of Business 11330-3 ST JOHNS IND PKWY JACKSONVILLE FL 32246 US	Mailing Address 11330-3 ST JOHNS IND PKWY JACKSONVILLE FL 32246 US
------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-----------------------------------------------------------	-----------------------------------------------

City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-3170893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MADSEN JANICE M.
3508 CARDINAL PT DR

JACKSONVILLE FL 32257 US**7. Name and Address of New Registered Agent**

Name
MADSEN JANICE M.
Street Address (P.O. Box Number is Not Acceptable)
11330-3 ST JOHNS INDUSTRIAL PARKWAY

City
JACKSONVILLE FL 32246

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 _____ **02/20/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	VP	JANICE MADSEN	1500 ROBERTS DRIVE JACKSONVILLE FL 32250	<input type="checkbox"/> Delete
	VP	ANN PINCHERA	1500 ROBERTS DRIVE JACKSONVILLE FL 32250	<input type="checkbox"/> Delete
	D	EDWARDS DAVID L	1500 ROBERTS AVENUE JACKSONVILLE FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	AVP	DYBALSKI ED	11330-3 ST JOHNS IND PKY JACKSONVILLE FL 32246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	VP	JANICE MADSEN	11330-3 ST JOHNS IND PKY JACKSONVILLE FL 32246				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VP	ANN PINCHERA	11330-3 ST JOHNS IND PKY JACKSONVILLE FL 32246				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D	EDWARDS DAVID L	11330-3 ST JOHNS IND PKY JACKSONVILLE FL 32246				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition
							<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David Edeards **Pres** **02/20/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)