<i></i> vu	UNIFURM BUS	INESS REPO	RI (UBR)		
DOCUMENT # P93000031686				FILED Apr 24, 2001 8:00 am	
All Jacksonville Title Services, Inc. $\mathcal{V}$				✓ Secretary of State	
	e sais a sais ta ta ta ta			04-24-2001 90033 044 ***150.00	
Principal Place of BusinessMailing Address10110San Jose Boulevard10110Jacksonville,FLC2 32257Jacksonville,					
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2. Principal F	Place of Business	3. Mailing Address			
<u> </u>	· · ·				
Suite, Apt. #, etc. Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number Applied For 59-3187328 Not Applicable	
Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current I	Registered Agent	l	7. Name and Address of New Registered Agent	
Dohómt	At Earth	· ·	Name Ford	Veter, Bowlus, Duss & Morgan, P.A.	
				ss (P.O. Box Number is Not Acceptable) an Jose Boulevard	
	wille, Florida 32257	7	10110 5	an Jose Boulevard	
				7/2 Code	
			Jackso	City Jacksonville <b>FL</b> Zin 2257	
	Ford, Jeter, Bowlug,	Duss & Morgan	, P.A.	istered agent, or both, in the State of Florida.	
SIGNATURE	By: Signature, typed or printed name of registered ment a	nd title if applicable. (NOTE	E: Registered Agent signature rec	Villiam H. Jeter, Jr., President 4/17/01 Jured when reinstating) DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20	II FEE IS \$150.00 01 Fee will be \$550. Ie to Department of	Trust Fund Contribution.	
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D Jotom William H	Delete	TITLE	Change Addition	
NAME STREET ADDRESS	Jeter, William H. 10110 San Jose Boule	vard	STREET ADDRESS		
CITY-ST-ZIP	Jacksonville, Florid		CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	D Ford, Robert A. 10110 San Jose Boule	<b>XX</b> Delete	TITLE HAME STREET ADDRESS	🗌 Change 🔲 Addition	
CITY-ST-ZIP	Jacksonville, Florid		915-12-YTIC		
TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	🔲 Delete	TITLE NAME STREET ADDRESS CUTY-ST-ZIP	🔲 Change - 🛄 Addition j	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE	Change Addition	
NAME STREET ADDRESS CITY - ST - ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
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NAME STREET ADDRESS			UALLE DIRSET ADDRESS		
CITE - ST-ZIP			JITE ST-2P		
112	i	🗌 Dalete		🚍 Ditarite – 🚍 Addrive	
NAME STREET ADORESS			DAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
indicated of the cor	on this report or supplemental report is	true and accurate and that n wered to execute this report	ny signature shall have t as required by Chapter	n Section 119.07(3)(i). Florida Statutes, I further certify that the information the same legal effect as if made under oath; that I am an officer or pirector 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR A/17/01 (904) 268÷7227 Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date					

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