

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000088502

1. Entity Name
CNP SOLUTIONS, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90002 043 ***550.00

Principal Place of Business

8948 WESTERN WAY
STE - 10
JACKSONVILLE FL 32256
US

Mailing Address

8948 WESTERN WAY
STE - 10
JACKSONVILLE FL 32256
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8948 Western Way
Suite Apt. #, etc.
#10

3. Mailing Address

8948 Western Way
Suite Apt. #, etc.
#10

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3218487

Applied For

Not Applicable

Zip

32256

Country

Duval

Zip

32256

Country

Duval

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNEED, GARY W
116 CARRIAGE LAMP WAY
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	SNEED, GARY W	
STREET ADDRESS	116 CARRIAGE LAMP WAY	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARSONS, RICHARD G.	
STREET ADDRESS	1901 N 1ST ST #1306	
CITY-ST-ZIP	JACKSONVILLE FL	
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	D.C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwayne L. McAfee	
STREET ADDRESS	8948 Western Way, Suite 10	
CITY-ST-ZIP	Jacksonville, FL 32256-0332	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Kessinger	
STREET ADDRESS	8948 Western Way, Suite 10	
CITY-ST-ZIP	Jacksonville, FL 32256-0332	
TITLE	OV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Stuart Dornblaser	
STREET ADDRESS	8948 Western Way, Suite 10	
CITY-ST-ZIP	Jacksonville, FL 32256-0332	
TITLE	OS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven D. Greenwalt	
STREET ADDRESS	8948 Western Way, Suite 10	
CITY-ST-ZIP	Jacksonville, FL 32256-0332	
TITLE	OS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Reedy	
STREET ADDRESS	8948 Western Way, Suite 10	
CITY-ST-ZIP	Jacksonville, FL 32256-0332	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Stockdale	
STREET ADDRESS	8948 Western Way	
CITY-ST-ZIP	Jacksonville FL 32256-0332	

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:

J. Stuart Dornblaser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00

(904) 363-0009

Date

Daytime Phone #

CR2E034 (5/00)

Attachment doc #
DW83408 P93000088502

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Document Number: P930000088502

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Title	V	
Name	Richard Harper	Addition
Street Address	8948 Western Way, Suite 10	
City, St, Zip	Jacksonville, Florida 32256-0332	

Title	V	
Name	Jeffrey E. Booker	Addition
Street Address	8948 Western Way, Suite 10	
City, St, Zip	Jacksonville, Florida 32256-0332	