2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000007754** Apr 12, 2000 8:00 am Secretary of State 1. Entity Name P. D. D., INC. 04-12-2000 90146 022 ***150.00 Mailing Address Principal Place of Business P.O. BOX 23937 1301 RIVERPLACE BLVD JACKSONVILLE FL 32241-3937 STE 2601 JACKSONVILLE FL 32207 2. Principal Place of Business Mailing Address 3030 Hartley Road 3030 Hartley Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 100 **Suite 100** City & State 4. FEI Number Applied For City & State 59-3302998 Jacksonville, Florida Jacksonville, Florida Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32257 Duval 32257 Duva 1 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEWTON, CLIFFORD B Street Address (P.O. Box Number is Not Acceptable) 10192 SAN JOSE BLVD. JACKSONVILLE FL 32257 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE HARDEN, PAUL M NAME NAME 1301 RIVERPLACE BLV STE 2601 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 Addition ★ Change ☐ Delete TITLE TITI F HUTSON, DAVID W NAME NAME 3030 Hartley Road, Suite 100 STREET ADDRESS 11217 SAN JOSE BLVD STREET ADDRESS CITY-ST-ZIP Jacksonville, Florida 32257 CITY-ST-ZIP JACKSONVILLE FL Addition ☐ Delete TITLE ~ TITLE HINSON, DONALD P NAME NAME 3030 Hartley Road, Suite 100 STREET ADDRESS 11217 SAN JOSE BLVD STREET ADDRESS CITY-ST-ZIP Jacksonville, Florida 32257 CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling des not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this report or supplemental report is true and Affate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director quite this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered as ke empowered. changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald P. Hinson

904/262-7718