## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 14, 2002 8:00 am g Secretary of State P94000020141 DOCUMENT # 1. Entity Name 05-14-2002 90068 033 \*\*\*150.00 KKP - CHIPPEWA, INC. Principal Place of Business Mailing Address 3020 HARTLEY RD. 3020 HARTLEY RD. **STE 300 STE 300** JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3233600 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRELL, MARK T Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY ROAD, SUITE #300 JACKSONVILLE FL 32257 City 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. अध्यक्षकाता स्थान SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME ROOD, JOHN D NAME STREET ADDRESS 3020 HARTLEY ROAD STE 300 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIR VS TITLE Delete TITLE ☐ Addition NAME FARRELL, MARK T. NAME STREET ADDRESS 3020 HARTLEY ROAD STE 300 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Change ☐ Addition SMITH, BERNARD E NAME STREET ADDRESS 3020 HARTLEY ROAD STE 300 STREET ADDRESS CITY-ST-ZIP Jacksonville FL 32257 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition J + 50, 6 \$12 \$22 NAME NAME 15 10957 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Farrell April 19, 2002

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 frustee 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.

(904) 260-3030

Daytime Phone #

FILED