

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

07-04-2002 90562 042 \*\*\*150.00

**DOCUMENT # P94000034382**

1. Entity Name  
**FROG BOX, INC.**

Principal Place of Business  
**3599 UNIVERSITY BLVD., STE. 1003**  
**JACKSONVILLE FL 32216**

Mailing Address  
**P.O. BOX 19919**  
**JACKSONVILLE FL 32265**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3249145**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARYANZ, SHYAM**  
**3599 UNIV BLVD S #1000**  
**JACKSONVILLE FL 32216**

Name  
**Paryani, Shyam**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>D</b> <b>PARYANI, SHYAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., STE. 1003</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE NAME	<b>D</b> <b>WELLS, JOHN JR.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., STE. 1003</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE NAME	<b>D</b> <b>BHIDE, VASANT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., STE. 1003</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE NAME	<b>D</b> <b>MARSLAND, TOM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3599 UNIVERSITY BLVD., STE. 1003</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 904-365-3338  
Date Daytime Phone #

CR2E034 (9/01)

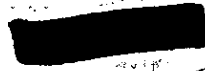
Attachment  
DH # P41003432  
B0127049

THIS DOCUMENT HAS A COLORED BACKGROUND & MICROPRINTING. THE REVERSE SIDE OF THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK.

624

FROG Box  
PO Box 19919  
Jacksonville, FL 32245  
904-346-3338

SunTrust  
1300 Riverplace Blvd  
Jacksonville, FL 32207  
800-786-8787



63-243 / 630

4/29/2002

\$ \*\*150.00

Florida Dept Of Revenue

undred Fifty and 00/100\*\*\*\*\*

DOLLARS

Florida Dept Of Revenue

AUTHORIZED SIGNATURE

UBR 2002

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