## 2002 UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Nan  |   | 0044606   |   |  | Se                             | cretary<br>1-24-2002 90205                     | of Sta            | ate                         |  |
|--|---|---|---|--|--------------------------------|--|-------------------|-----------------------------|--|
| Principal Place of Business  3030 HARTLEY RD. #390  JACKSONVILLE FL 32257  Mailing Address P O BOX 56050 JACKSONVILLE FL 32241 |   |   |   |  |                                |  |                   |                             |  |
| Principal Place of Business     3. Mailing Address   |   |   |   |  |                                | ### <b>1</b>                                   | }                 | 1811 <b>3</b> 8111 1881     |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etd  |   |  | DO NOT WRITE IN THIS SPACE     |  |                   |                             |  |
| City & Star  | te O  | City & State  | P.  | 4.   | FEI Number 6                   | 5-0499004                                      |                   | oplied For<br>of Applicable |  |
| Zip  | Country   | Zip   | Country<br>:                                  | 5.   | Certificate of Sta             | tus Desired 📋                                  | \$8.75 Add        | litional                    |  |
|  | 6. Name and Address of Current Re   | gistered Agent  |   | · · · · · · · · ·                                  | Name and Addr                  | ess of New Registere                           | ed Agent          |                             |  |
| POWELL, SUSAN: F  3030 HARTLEY: RD.  #390  |   |   |   | Street Address (P.O. Box Number is Not Acceptable) |                                |  |                   |                             |  |
| JACKSONVILLE-FIL:32257   |   |   |   | City / Zip Code                                    |                                |  |                   |                             |  |
| Tax filing   | Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.   | Registered Agent signs PEE IS \$15 Registered Agent signs PEE IS \$15 Registered Agent signs | \$550.00                                      | 10. Election Campaign Financing \$5.00 May Be      |                                |  |                   |                             |  |
| 11.  | OFFICERS AND DI   |   | 12.   | Ai   | DDITIONS/CHAN                  | IGES TO OFFICERS A                             |                   |                             |  |
| title<br>Name<br>Street adoress.<br>City-St-Zip  | VD<br>POWELL, SUSAN F<br>3030 HARTLEY RD.<br>JACKSONVILLE FL 32257  | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP          | ss   |                                |  | ☐ Change          | Addition .                  |  |
| TITLE<br>Name<br>Street, addres <u>s</u><br>City-St-Zip  | V<br>BRILL, JOHN M<br>2727_TURTLE CREEK BLYD<br>DALLAS TX 75219   | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP          |  | 05 Dal                         | las Pkwy<br>TX-750                             |                   | Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>ALLEN, JAMES F<br>2727 TURTLE CREEK BLVD<br>DALLAS TX 75219  | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP          | ) 1530<br>Add                                      |                                | las Pkwy<br>TX 7500                            | #700              | ☐ Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>ANDREWS, JOHN T<br>2 WORLD TRADE CTR<br>NEW YORK NY 10048-2495   | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRES<br>CITY-ST-ZIP | 199  | Water<br>York                  |  | © Change<br>38    | Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP          | Mass   |                                | •  | ☐ Change          | Addition                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP          | Corpo  | orate Se<br>ne Vern<br>Dater S |  | ☐ Change          | Addition                    |  |
| indicated  | certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower. | ue and accurate and that m  | y signature sha                               | II have the same                                   | legal effect as if             | ida Statutes. I further omade under oath; that | t I am an officer | or director                 |  |