2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P94000045076** 1. Entity Name VCP-SB, INC. 04-30-2001 90399 025 ***150.00 Principal Place of Business 5020 Harfley Road Mailing Address 3020 Hartley Road 9090 HARTLEY RD. 2020-HARTLEY-RD. UU056726 JACKSONVILLE FL 3225 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 59-3256080 Not Applicable Zip Country Zip 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, STE 300 **JACKSONVILLE, FL 32257** City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) Addition ☐ Detete TITLE TITLE NAME ROOD, JOHN D NAME STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD, STE #300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Change Addition ☐ Delete TITI F NAME FARRELL, MARK T NAME STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD, STE #300 CITY-ST-7IP: CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Change Delete TITI F Addition TITLE NAME SMITH, BERNARD E NAME STREET ADDRESS STREET ADDRESS 3020 HARTLEY ROAD, STE #300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Change ☐ Delete ☐ Addition TITLE TITLE 48 NAME NAME . 7 STREET ADDRESS STREET ADDRESS I. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ٠,٠ CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Change TITLE □ Addition ۲... NAME NAME je i STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

Bernard E. Smith

April 19, 2001

(904) 260-3030

Daytime Phone #