2002 UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nan VCP-SB,	ne	0045076		· •	Secretary 0 02-24-2002 90003 0	of Sta	ate	
Principal Plac 3020 HARTLE SUITE 300 JACKSONVILL		Mailing Address 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257						
2. Principal Place of Business		3. Mailing Address			l (18 11) di 1811; bibli 30 11; 55 11; 35 11; 55 11;	Bředí b álk fe hli		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Number 59-3256080	<u> </u>	pplied For ot Applicable	
Zip	Country	Zip	Country	!	5. Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	legistered Agent		7	7. Name and Address of New Registered	Agent		
FARRELL, MARK T 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257 8. The above named entity submits this statement for the purpose of changing its reg			City	Frick Stephen A 1 Address (P.O. Box Number is Not Acceptable) 3020 Hartley Road Suite 300 Jacksonulle FL Zip Code 32257				
Tax filing i	Signature, typed or printed name of registered agent are praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After May 1, 200 Make Check Payable	! FEE IS \$1 2 Fee will be	\$550.00			00 May Be	
11.	OFFICERS AND D	DIRECTORS	12.	***	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROOD, JOHN D 3020 HARTLEY ROAD, STE #300 JACKSONVILLE FL 32257	☐ Delete	TITLE NAME STREET ADDRE			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	₩\$ VT FARRELL, MARK T 3020 HARTLEY ROAD, STE #300 JACKSONVILLE FL 32257	□ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess		Change	Addition	
TITLE NAME Street address City-St-Zip	VT SMITH, BERNARD E 3020 HARTLEY ROAD, STE #300 JACKSONVILLE FL 32257	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	V9 Frich 3020 Jach	ristephen A. Di Hartley Road, Suite TSON Will, FL 3225	□ Change 300 7	Addition	
TITLE NAME STREET ADDRESS (CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		· ·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP	SS		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS		☐ Change	Addition	
indicated of the cor	on this report or supplemental report is t	rue and accurate and that m vered to execute this report a	v signature sha	all have the san	on 119.07(3)(i), Florida Statutes. I further cer ne legal effect as if made under oath; that I a lorida Statutes; and that my name appears in	am an officer.	or director	

SINTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: