2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P94000048319 1. Entity Name COA CONSULTING, INC. 04-10-2001 90005 010 ***150.00 Mailing Address Principal Place of Business 14060 PINE ISLAND DR 14060 PINE ISALNO DR JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3250364 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARRINGTON, MARK W. Street Address (P.O. Box Number is Not Acceptable) 14060 PINE ISLAND DRIVE JACKSONVILLE FL 32224 Zip Code City 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 DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE HARRINGTON, MARK NAME NAME 14060 PINE ISLAND DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-7IP TITLE Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. Thereby 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 in the chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 in the chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 in the chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 in the chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 in the chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 in the chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 in the chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 in the chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 in the chapter 607, Florida Statutes and the chapter 607 in the chapter

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