

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061324

1. Entity Name

MITIGATION PROPERTIES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90055 005 ***150.00

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD STE 2552 JACKSONVILLE FL 32207 US	1301 RIVERPLACE BLVD STE 2552 JACKSONVILLE FL 32207-9031 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6950 Philips Highway Suite, Apt. #, etc. Suite 6	6950 Philips Highway Suite, Apt. #, etc. Suite 6
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32216	Zip 32216
Country DUAL	Country DUAL

4. FEI Number	59-3270746	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALLEN, LAURA H 1301 RIVERPLACE BLVD STE 2552 JACKSONVILLE FL 32207	Name Allen, Laura H Street Address (P.O. Box Number is Not Acceptable) 6950 Philips Highway Suite 6 City Jacksonville FL Zip Code 32216

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: (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, SARAH	NAME	ROBINSON, SARAH
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2552	STREET ADDRESS	6950 Philips Highway Suite 6
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	Jacksonville, Florida 32216
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LAURA HENRY	NAME	Allen, Laura Henry
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2552	STREET ADDRESS	6950 Philips Highway Suite 6
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	Jacksonville, Florida 32216
TITLE	PT <input type="checkbox"/> Delete	TITLE	PT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JOHN J.	NAME	Allen, John J
STREET ADDRESS	1301 RIVERPLACE BLVD., STE 2552	STREET ADDRESS	6950 Philips Highway Suite 6
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	Jacksonville, Florida 32216
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, I RHODES	NAME	Robinson, I Rhodes
STREET ADDRESS	1301 RIVERPLACE, SUITE 2552	STREET ADDRESS	6950 Philips Highway Suite 6
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	Jacksonville, Florida 32216
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOOS, WILLIAM J	NAME	Joos, William J
STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 2552	STREET ADDRESS	6950 Philips Highway Suite 6
CITY-ST-ZIP	JACKSONVILLE FL 32207	CITY-ST-ZIP	Jacksonville, Florida 32216
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)