FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P94000082147 FL COMMERCIAL CENTERS, INC. 04-16-2001 90029 040 ***150.00 Principal Place of Business Mailing Address 3740 BEACH BLVD 3740 BEACH BLVD SUITE 300 SUITE 300 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 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 59-3279699 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 DEMETREE, J. C. JR Street Address (P.O. Box Number is Not Acceptable) 3740 BEACH BLVD SUITE 300 JACKSONVILLE FL 32207 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Delete TITLE ☐ Change ☐ Addition TITLE DEMETREE, J. C JR. NAME NAME STREET ADDRESS STREET ADDRESS 3740 BEACH BLVD. #300 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition ☐ Delete TITI F TITLE DEMETREE, MARK C NAME NAME 3740 BEACH BLVD. #300 STREET ADDRESS STREET ADDRESS CITY-ST-7(P JACKSONVILLE FL CITY-ST-ZIP VPS Change - Addition TITLE ----· Delete 😽 🥕 TITLE _ _ _ DEMETREE, CHRISTOPHER C NAME NAME STREET ADDRESS 3740 BEACH BLVD. #300 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP CE0 ☐ Addition TITLE ☐ Delete TITLE NAME DEMETREE, JACK C NAME 3740 BEACH BLVD. #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE DUNN, M. HARRIS C NAME NAME 3740 BEACH BLVD. #300 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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