

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90155 022 ***150.00

DOCUMENT # P95000022403

1. Entity Name
SOURCE IDENTICS, INC.

Principal Place of Business
111 30TH AVE SOUTH
JACKSONVILLE BEACH FL 32250
US

Mailing Address
111 30TH AVE SOUTH
JACKSONVILLE BEACH FL 32250
US

2. Principal Place of Business
160 Vera Cruz Drive
 Suite, Apt. #, etc.
Suite 428

3. Mailing Address
160 Vera Cruz Drive
 Suite, Apt. #, etc.
Suite 428

City & State
Ponte Vedra Beach FL
 Zip
32082
 Country
US

City & State
Ponte Vedra Beach FL
 Zip
32082
 Country
US

4. FEI Number
19-3298579

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FORREST, CARLA L
111 30TH AVENUE SOUTH
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Carla L Forrest* (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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
 NAME **PTD FORREST, CARLA L** ☐ Delete
 STREET ADDRESS **111 30TH AVENUE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE
 NAME **S FORREST, GARY E** ☐ Delete
 STREET ADDRESS **10842 N SAND CANYON PLACE**
 CITY-ST-ZIP **TUCSON AZ 85737**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **160 Vera Cruz Drive Suite 428**
 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
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 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 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.

SIGNATURE: *Carla L Forrest*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date Daytime Phone #

CR2E034 (9/01)