## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P95000040663**

**DUNLAP & RUSSELL, P.A.** 

Principal Place of Business					
1300 RIVERPLACE BLVD., SUITE 601 JACKSONVILLE FL 32207					

Mailing Address

1300 RIVERPLACE BLVD., SUITE 601 JACKSONVILLE FL 32207

2. Principal Place	of Business	3. Mailing Address				
Suite, Apt. #, et	ic.	Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Coun	Country		
	6. Name and Address of Co	urrent Registered Agent				
RUSSEL	L, P. SCOTT IV			Name		

**FILED** Apr 25, 2001 8:00 am Secretary of State

04-25-2001 90151 001 \*\*\*150.00



Country   Country   Country   Country   Sp. 75 Additional rice Required   Set 175 Ad	Suite, Apt. #, etc.		Suite, Apt. #, etc.							
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Some and Address of Current Registered Agent  RUSSELL, P. SCOTT IV 1300 RIVERPLACE BLVD, SUITE 601 JACKSONVILLE FL 32207  8. The above named antity submits file statement for the purpose of changing. Its registered differs or registered agent, or both, in the State of Fords SIGNATURE  The above named entity submits file statement for the purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  To purpose of changing. Its registered agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purposed agent, or both, in the State of Fords SIGNATURE  That is purpose	City & State	<del>)</del>	City & State			4. FI	59-3321008		<u> </u>	lied For Applicable
RUSSELL, P. SCOTT IV 1300 RIVERPLACE BLVD., SUITE 601  JACKSONVILLE FI. 32207  Oity  City  Fig. Zup 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 Fonda  SIGNAT LIPE  Signature, specio person and or equation agent and title il applicable.  9. This corporation is eligible to satisfy its intengible Tax filling registered and elects to do so. (See criteria on basic)  Title  D  UNILAP, DAVID M  SIRRET ADDRSS  DUNILAP, DAVID M  SIRRET ADDRSS  DUNILAP, DAVID M  1300 RIVERPLACE BLVD. SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERPLACE BLVD SUITE 601  JACKSONVILLE FI.  D  UNILAP, DAVID M  1300 RIVERP	Zip	Country	Zip	Cour	itry	<b>5.</b> C	ertificate of Status Desired		3. <b>75</b> Addit	ional
RUSSELL, P. SCOTT IV  1300 RIVERPLACE BLVD, SUITE 601  JACKSONVILLE FL 32207  8. The above named entity submits this statement for the purpose of changing its registrared office or registered agent, or both, in the State of Fonda.  SIGNAT URB    Control to purpose of changing its registrared office or registered agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrared office or registered agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrared control requirement for the purpose of changing its registrare dependence agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrare dependence agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrare dependence agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrare dependence agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrare dependence agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrare dependence agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrared agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrared agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrared agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of changing its registrared agent of the State of Fonda.    Signat Urbs   Control to purpose of changing its registrared agent, or both, in the State of Fonda.    Signat Urbs   Control to purpose of Change of Purpose of Change of Ch		6. Name and Address of Current F	Registered Agent	·		7. N	ame and Address of New Reg	istered Ag	ent	
### City   File   April Code						ss (P.O. Bo	ox Number is Not Acceptable)			
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   Signat										
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax thing requirement and elects to do so. (See orther in an back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DUNLAP, DAVID M 1300 RIVERPLACE BLVD SUITE 601 JACKSONVILLE FL TITLE OUNLAP, HOLLY G 1300 RIVERPLACE BLVD SUITE 601 JACKSONVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET A									Zip Code	
Signature required variety interferor and the political political in selfigible to satisfy its Intangiale Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00   Trust Fund Contribution.   \$5.00 Marke Check Payable to Department of State   Added to Fee Will be \$550.00   Trust Fund Contribution.   \$5.00 Marke Check Payable to Department of State   Added to Fee Will be \$550.00   Trust Fund Contribution.   \$5.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$5.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Check Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department of State   Trust Fund Contribution.   \$6.00 Marke Payable to Department o	8. The above	named entity submits this statement for	the purpose of cha	inging its register	ed office or regi	stered age	ent, or both, in the State of Fioric	la.		
After MAY 1, 2001 Fee will be \$550.00 (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  Title D RUSSELL, P. SCOTT IV NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207  Delete D UNLAP, DAVID M STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  O DUNLAP, HOLLY G NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  O DUNLAP, HOLLY G NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  O DUNLAP, HOLLY G NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  O DUNLAP, HOLLY G NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  O DUNLAP, HOLLY G NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  O DUNLAP, HOLLY G NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  O DUNLAP, HOLLY G NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  O DUNLAP, HOLLY G NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-	SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Reg.stere	ed Agent signature req	juired when rei	nstating)	DATE		
TITLE RUSSELL, P. SCOTT IV STREET ADDRESS STREET AD	Tax filing o	equirement and elects to do so.	After M	AY 1, 2001 Fee	will be \$550.0			cing	<b>\$5.00</b> Added	May Be to Fees
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12 I berghy cartify that the information applied with the filing does not applied to the fili	NAME STREET ADDRESS CITY-ST-ZIP		□ D	NAI STF	ME REET ADDRESS				Change	☐ Addition

r nereby 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 roport 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 Statutos; 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.