

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/30/03-90175-041-\$150.00-150.00

FILED

03 FEB 21 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P. 95000040663	
1. Entity Name Dunlap & RUSSELL, P.A.	

Principal Place of Business 1300 RIVERPLACE BLVD STE 601 JACKSONVILLE FL 32207	Mailing Address 1300 RIVERPLACE BLVD STE 601 JACKSONVILLE FL 32207
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3321008	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUSSELL, P. SCOTT IV 1300 RIVERPLACE BLVD STE 601 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *P. Scott Russell, IV* **P. Scott Russell, IV** **2/14/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete RUSSELL, P. SCOTT IV 1300 RIVERPLACE BLVD STE 601 JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete Dunlap, David M. 1300 Riverplace Blvd., Suite 601 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete Dunlap, Holly G. 1300 Riverplace Blvd, Suite 601 Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addit

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

P. Scott Russell, IV **P. Scott Russell, IV** **2/14/03** **(904) 346-4480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #