## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000078106 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name SITE OPTIONS, INC. 04-20-2000 90066 008 \*\*\*150.00 Principal Place of Business Mailing Address 1551 ATLANTIC BLVD. 1551 ATLANTIC BLVD. Suite 200 SUITE 200 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-3368 2. Principal Place of Business 3. Mailing Address 2301 Park Avenue, Suite 300 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3342196 Orange Park, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32073 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANSON, CHARLES J Street Address (P.O. Box Number is Not Acceptable) 1551 ATLANTIC BLVD. SUITE 200 JACKSONVILLE FL 32207 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D,P,T Hartwig, Kelly W. TITLE ☐ Delete TITLE Change ☐ Addition HARTWIG, KELLY W NAMÉ NAME 1918 Colonial Drive 1918 COLONIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** Green Cove Springs, FL 32043 TITLE ☐ Change ☐ Addition ☐ Delete TITLE WALKER-OLYDE NAME NAME 1400 N-COVE COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORANGE PARK FL 32073 Change ☐ Addition ☐ Delete TITLE HARTWIG, JENNIFER NAME NAME STREET ADDRESS 198 COLONIAL DR STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **GREEN COVE SPGS FL 32043** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAM 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 all other like empowered.

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR