FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90081 049 ***150.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078106

1. Entity Name
SITE OPTIONS, INC.

Principal Place of Business	Mailing Address
2301 PARK AVENUE SUITE 300 ORANGE PARK FL 32073	1551 ATLANTIC BLVD. SUITE 200 JACKSONVILLE FL 32207

2. Principal Place of Business	3. Mailing Address
1918 Colonial Dr	P.O. Box 7776
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Green Cove Spgs FL	Jacksonville, FL
Zip 32043 Country CLAY	Zip 32238 Country

4. FEI Number 59-3342196 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANSON, CHARLES J 1551 ATLANTIC BLVD. SUITE 200 JACKSONVILLE FL 32207	Name: J. KEITH M. SANDS Street Address (P.O. Box Number is Not Acceptable): 6821 SOUTHPOINT DR. N. SUITE 228 City: JACKSONVILLE FL Zip Code: 32216

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 J. KEITH M. SANDS 4/24/2002
Signature, typed or printed name of registered agent and title if applicable. (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 $550.00
After September 12, 2001 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT HARTWIG, KELLY W 1918 COLONIAL DRIVE GREEN COVE SPRINGS FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARTWIG, JENNIFER 198 COLONIAL DR GREEN COVE SPGS FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V President	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 [signature] 29 April 2002 9042692237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #