

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90095 026 \*\*\*150.00

**DOCUMENT # P95000078106**

**1. Entity Name**  
**SITE OPTIONS, INC.**



**Principal Place of Business**  
**1918 COLONIAL DRIVE**  
**GREEN COVE SPRINGS FL 32043**

**Mailing Address**  
**P.O BOX 7776**  
**JACKSONVILLE FL 32238**

**2. Principal Place of Business**  
**3171 River Road N**

**3. Mailing Address**  
**P.O. Box 8880**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**Green Cove Springs, FL**

**City & State**  
**Orange Park Florida**

**4. FEI Number**  
**59-3342196**

**Applied For**  
**Not Applicable**

**Zip**  
**32043**

**Country**  
**USA**

**Zip**  
**32006**

**Country**  
**USA**

**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**

**SANDS, J. KEITH M**  
**6821 SOUTHPOINT DRIVE NORTH**  
**SUITE 228**  
**JACKSONVILLE FL 32216**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**DPT** ☐ Delete  
**NAME**  
**HARTWIG, KELLY W**  
**STREET ADDRESS**  
**1918 COLONIAL DRIVE**  
**CITY-ST-ZIP**  
**GREEN COVE SPRINGS FL 32043**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**3171 River Road N**  
**STREET ADDRESS**  
**Green Cove Springs FL 32043**

**TITLE** ☐ Delete  
**NAME**  
**S**  
**HARTWIG, JENNIFER**  
**STREET ADDRESS**  
**198 COLONIAL DR**  
**CITY-ST-ZIP**  
**GREEN COVE SPGS FL 32043**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**3171 River Road N**  
**STREET ADDRESS**  
**Green Cove Springs, FL 32043**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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

**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.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3-11-03 904-269-2037**

**Date**

**Daytime Phone #**

CR2034 (10/02)