2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# P96000004206

Entity Name: NORTH FLORIDA LAND MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 37398
JACKSONVILLE, FL 322367398

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 37398
JACKSONVILLE, FL 322367398

New Mailing Address:

FEI Number: 59-3360784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, MARY A
1 INDEPENDENT DRIVE
SUITE 2600
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MASK, SONNY
Address: 4827 ELIZABETH TERRACE
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MASK, SONNY
Address: 4827 ELIZABETH TERRACE
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONNY MASK PRES 04/28/2003

Electronic Signature of Signing Officer or Director — Date