## 2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report is true and accura-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or the receiver or trustee empe changed, or on an attachment with an address, w

SIGNATURE:

## Mar 19, 2002 8:00 am P96000013940 DOCUMENT # **Secretary of State** 1. Entity Name 03-19-2002 90024 018 \*\*\*150.00 SJ PROPERTIES OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 6950 PHILIPS HIGHWAY 6950 PHILIPS HIGHWAY STE-6 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3362065 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALLEN, LAURA HENRY Street Address (P.O. Box Number is Not Acceptable) 6950 PHILIPS HIGHWAY STE-6 JACKSONVILLE FL 32216 Zip Code City 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!!! FÉE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) P/D Change Addition ☐ Delete TITLE TITLE ALLEN, JOHN J NAME 6950 PHILIPS HIGHWAY STE-6 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-78 ☐ Delete ☐ Change ☐ Addition TITI E SAWYER, MARK D NAME 6950 PHILIP HIGHWAY STE-6 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME ALLEN, LAURA HENRY NAME STREET ADDRESS STREET ADDRESS 6950 PHILIP HIGHWAY STE-6 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Change ☐ Addition ☐ Delete TITLE ALLEN, LAURA HENRY NAME NAME STREET ADDRESS 6950 PHILIPS HIGHWAY STE-6 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP [ ] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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

rate and man by signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if