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FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 28, 2001 8:00 am DOCUMENT # **P96000020859 Secretary of State** 1. Entity Name THE IRWIN COMPANIES, INC. 03-28-2001 90197 035 ***150.00 Principal Place of Business Mailing Address 9250 BAYMEADOWS RD 9250 BAYMEADOWS RD #350 #350 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3370496 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMONIC, NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 8750 PERIMETER PARK BLVD JACKSONVILLE FL 32216-6347 City Zin 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 SIGNATURE 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 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE ☐ Delete TITLE **⊠** Change Smith, MAROLIN SMITH, MAROLYN NAME NAME 9250 BAYMEADOWS Rd, # 350 STREET ADDRESS 10120 LAKEVIEW DR W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 TACKSONVILLE FL 32256 TITLE ☐ Gelete TITLE Change IRWIN, SCOTT NAME NAME STREET ADDRESS 9250 BAYMEADOWS RD., STE. 350 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP _ Delete TITLE -☐ Change ☐ Addition TITLE IRWIN, CLARICE NAME NAME STREET ADDRESS 9250 BAYMEADOWS RD., STE. 350 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition IRWIN, ROGER NAME NAME STREET ADDRESS 9250 BAYMEADOWS RD STE 350 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP field with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if diddress with all other like empowered. I hereby certify that the information supplindicated on this report or supplemental of the corporation or the receiver or trusty changed, or on an attachment with an

SCOTT

IRWIN

904/731-1811 Daytime Phone #