FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

May 10, 1999 8:00 am Secretary of State

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05-10-1999 90092 025 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600032831

U.M.B.C., INC.

Principal Place of Business

Mailing Address 12447 BRADY PLACE BOULEVARD 6132 E HIGHWAY 98 JACKSONVILLE FL 32223 PANAMA CITY FL 32404 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 04/09/1996 Applied For 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Not Applicable 59-3398872 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State \Box Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zio Zip Country □No Yes Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ELEFANT, FRED Street Address (P.O. Box Number is Not Acceptable) 1650 PRUDENTIAL DRIVE STE 105 JACKSONVILLE FL 32207 83 Zip Code City 85 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. X Addition Change □ DELETE 1.1 TITLE TITLE BENERLY L. CUMNINGHAM 1.2 NAME CUNNINGHAM, MICHAEL NAME 12447 BRADY PLACE BLUD. 1.3 STREET ADORESS 12447 BRADY PLACE BOULEVARD STREET ADDRESS JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 31 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

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