2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90209 006 ***150.00

DOCUMENT # P96000033301

1. Entity Name
MALLARD POND, INC.

Principal Place of Business	Mailing Address
~~1300 METROPOLITAN BLVD.~~ ~~TALLAHASSEE FL 32308~~	~~1300 METROPOLITAN BLVD.~~ ~~TALLAHASSEE FL 32308~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1815 Miccosukee Commons Dr.,	P.O. Box 14019
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc.
City & State Tallahassee, Florida	City & State Tallahassee, Florida
Zip / Country 32308 / Leon	Zip / Country 32317-4019 / Leon

4. FEI Number 59-3376502 ☐ Applied For ☐ Not Applicable

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
NOBLIN, MILLARD J ~~1300 METROPOLITAN BLVD.~~ TALLAHASSEE FL 32308	Name: Noblin, Millard J. Street Address (P.O. Box Number is Not Acceptable): 1815 Miccosukee Commons Dr., Suite 104 City: Tallahassee FL Zip Code: 32308

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] 4/23/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS $150.00 After MAY 1, 2001 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NOBLIN, MILLARD J ~~3100 HAWKS LANDING DRIVE~~ TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 1815 Miccosukee Commons Dr., Suite 104 Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PROCTOR, W. THEO JR. 1320 PIEDMONT DR. TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HARBIN, CASSANDRA G 3408 TREATY OAK TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #