

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90006 046 ***150.00

DOCUMENT # P96000058296

1. Entity Name
MILAM OTERO LARSEN DAWSON & TRAYLOR, P.A.

Principal Place of Business 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE FL 32202 US	Mailing Address 50 NORTH LAURA STREET SUITE 2750 JACKSONVILLE FL 32202-3640 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3387934	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**TRAYLOR, W H
 50 NORTH LAURA STREET
 SUITE 2750
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent
 Name **MOTOLAW, INC.**
 Street Address (P.O. Box Number is Not Acceptable) **50 N. Laura St., Suite 2750**
 City **Jacksonville** FL Zip Code **32202**

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 *Peter Larsen* *Peter O. Larsen, President* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete MILAM, ARTHUR M 50 NORTH LAURA STREET JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete OTERO, DAVID E 50 NORTH LAURA STREET JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete LARSEN, PETER O 50 NORTH LAURA STREET JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS <input type="checkbox"/> Delete DAWSON, GREGORY M 50 NORTH LAURA STREET JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT <input checked="" type="checkbox"/> Delete TRAYLOR, W H 50 NORTH LAURA STREET JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Peter Larsen* *Peter O. Larsen, President* *904-798-3700*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)