

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-29-2003 90046 013 ***150.00

DOCUMENT # P96000087175

1. Entity Name
THIRD WAVE, INC.



Principal Place of Business
**2409 SOUTH THIRD ST
JACKSONVILLE FL 32250**

Mailing Address
**2409 SOUTH THIRD ST
JACKSONVILLE FL 32250**

55043969



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3407571**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REDMON, MARTIN
2409 SOUTH THIRD ST.
JACKSONVILLE FL 32250**

Name **H.N. Putman Jr.**
Street Address (P.O. Box Number is Not Acceptable)
2409 South Third St.
City **Jacksonville** FL Zip Code **32250**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **H.N. Putman Jr.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

5-21-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REDMON, MARTIN	
STREET ADDRESS	1589 WESTWIND DRIVE	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	H.N. Putman Jr.	
STREET ADDRESS	9 BAREWOOD PLACE Ponte Vedra Beach Fl.	
CITY-ST-ZIP	32082	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Liliana Ivan	
STREET ADDRESS	12995 Silver Springs Dr. N	
CITY-ST-ZIP	Jacksonville Fl. 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **H.N. Putman Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-28-03 (904) 241-4247