⁴2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PQ70000171Q**3

Principal Place of Business 3840 CROWN POINT ROAD SUITE A JACKSONVILLE FL 32257 US		Mailing Address			
		3840 CROWN POINT ROAD SUITE A JACKSONVILLE FL 32257 US			
2. Principal Place of Business		3. Mailing Addres	ss		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State	City & State		
Zip	Country	Zip	Country		

FILED Jan 25, 2001 8:00 am Secretary of State 01-25-2001 90148 014 ***150.00

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & Statu City & Status Cit	SUITE A JACKSONVILLE FL 32257 US 2. Principal Place of Business					\$ 10001000 IIO 80111 IAON 00111 BOUR B	BIIZ BBABI IABA (BBB) I	1 0 70 10100	1118 1 6 1 1	
City & State City & State City & State City & State City & State City & State City & State City & State City S. Certificate of Status Desired S8.75 Additional Prese Required S8.75 Additio										
Zip						DO NOT WRITE IN THIS SPACE				
Separation Sep	City & State		City & State		4.	FEI Number 59-3428781	01			
Name Street Address F.O. Box Number is Not Acceptable	Zip	Country	Zip	Country	5.	Certificate of Status Desired		5 Additio		
STREET ADDRESS OF THE		6. Name and Address of Current	Registered Agent		7.	Name and Address of New Re	gistered Agent		-	
### City FL Zip Code ##	3840 CROWN POINT ROAD SUITE A									
SIGNATURE Signature, types or primes name of registered agent and tills if applicable. (NOTE Registered Agent signature required when remittations) DATE				City			FL Zip	Code		
9. This corporation is eligible to satisfy its Intangency in the image of the properties of the work of the properties of the part of the		named entity submits this statement for	r the purpose of changing its	registered offic	e or registered aç	gent, or both, in the State of Flor	rida.			
Tax filing requirement and elects to do so. (see criteria on back) After MAY 1, 2001 Fee will be \$550.00 make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME COLLINS, J. DANIEL 3840 CROWN POINT RD, STE A JACKSONVILLE FL 32257 TITLE VST KNOWLES, MARK A 3840 CROWN POINT ROAD JACKSONVILLE FL 32257 TITLE PD RASO, ANTHONY M STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS C	SIGNATORE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent s	gnature required when r	einstating)	DATE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Tax filing r	requirement and elects to do so.	After MAY 1, 20	After MAY 1, 2001 Fee will be \$550.00			· - '			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP	3840 C	rown Point Rd., S	Suite C			
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME Street addre		INTITE, FL 3225	☐ Cha	ange [Addition	
	TITLE NAME	•	☐ Delete	TITLE NAME	30		☐ Cha	ange [Addition	
CITY-ST-ZIP	CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP		119.07(3)(i), Florida Statutes I	further certify that	the info	rmation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

Mark A. Knowles

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

904-268-8500

Daytime Phone #