

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000067354

1. Entity Name

ENCORE PROFESSIONAL SERVICES, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90406 049 ***150.00

Principal Place of Business
~~1906~~ PARENTAL HOME ROAD
JACKSONVILLE FL 32216

Mailing Address
PO BOX 16952
JACKSONVILLE FL 32245-6952

C0039052



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-3462202 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| THOMPSON, NORMAN 1821-6 PARENTAL HOME ROAD JACKSONVILLE FL 32216 | | | | Name Street Address (P.O. Box Number is Not Acceptable) 1821-6 Parental Home Rd City FL Zip Code | | | |

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, 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) <input checked="" type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|---|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|------------------------------|---------------------------------|---|--|---|
| TITLE | DPT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, NORMAN A | | NAME | | |
| STREET ADDRESS | 1823 WEDGEWOOD DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | STONE MOUNTAIN GA 30088-3919 | | CITY-ST-ZIP | | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMPSON, OLIVE | | NAME | | |
| STREET ADDRESS | 1821-6 PARENTAL HOME RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | | CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLIVE, JACKSON | | NAME | | |
| STREET ADDRESS | 1823 WEDGEWOOD DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | STONE MOUNTAIN GA 30088 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN THOMPSON

2/20/01

(904) 388-3966

Date

Daytime Phone #

CR2E034 (10/00)