2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # P97000076149 1. Entity Name CAPPER ROAD DEVELOPMENT, INC. 05-01-2002 91595 040 ***150.00 Principal Place of Business Mailing Address 4315 PABLO OAKS COURT. STE. 1 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667 JACKSONVILLE FL 32224-9667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3469572 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOKES, E. CHESTER, JR. STOKES, E C JR Street Address (P.O. Box Number is Not Acceptable) 9551 BAYMEADOWS RD 4315 PABLO OAKS COURT, SUITE SUITE 4 JACKSONVILLE FL 32256 City JACKSONVILLE 32222 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. E. Chester Stokes, Jr. SIGNATURE 4/17/02 Signature; typed or printed name nt and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE ☐ Change STOKES, E C JR ☐ Addition NAME NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224-9667 CITY-ST-ZIP ज़ेंग्रह ☐ Delete TITLE ☐ Change NAME ☐ Addition PUTNAL, JAMES E NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224-9667 CITY-ST-ZIP TITLE Delete TITLE. Change, 🚐 🔲 Addition. NAME BRAREN, MICHAEL E NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224-9667 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WALLACE, L D NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-7IP Jacksonville fl 32224-9667 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition FREDENHAGEN, SHARON W NAME NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224-9667 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME Addition HICE, SHERRY NAME STREET ADDRESS 4315 PABLO OAKS COURT, STE. 1 STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32224-9667

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 changed; or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Hice, Secretary

904/482-1100

Daytime Phone #