2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am 5 Secretary of State 203-06-2002 20001 525 P97000089791 DOCUMENT # 1. Entity Name FAGAN FOUR, INC. Principal Place of Business Mailing Address 1857 WELLS RD 1857 WELLS RD STE-232 -67E-232--ORANGE PARK FL 32297-ORANGE PARK FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE らひし下EL 5017E City & State City & State 4. EEI Number Applied For 59-3016155 Not Applicable Zip 32073 Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FAGAN, RICHARD R Street Address (P.O. Box Number is Not Acceptable) 3408 NORTH FAIRBANKS GRANT ROAD JACKSONVILLE FL 32223 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 > 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 N Delete TITLE ☐ Change ☐ Addition TITLE FAGAN, LYNNE L. NAME NAME 301 RIO PINAR TRAIL STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITI F Delete NAME FAGAN, RICHARD R. NAME STREET ADDRESS 3408 FAIRBANKS GRANT RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP PRESIDENT **Change** ☐ Addition TITLE ☐ Delete TITLE FAGAN, JANTONETTA NAME NAME 4408 PEPPER MILL PL STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: