

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095929

1. Entity Name

LIFT ASSOCIATES, INC.

04-25-2000 90117 018 \*\*\*150.00

FILED P97000095929

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 28 AM 9:10

|                                                                                        |                                                                                 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business<br>2108 SAWGRASS VILLAGE DR.<br>PONTE VEDRA BEACH FL 32004 | Mailing Address<br>2108 SAWGRASS VILLAGE DR.<br>PONTE VEDRA BEACH FL 32082-3043 |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>59-3477719                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 - Additional Fee Required                       |

6. Name and Address of Current Registered Agent

~~FALLON, SCOTT W~~  
8375 DIX ELLIS TRAIL, STE. 401  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name ROSANNE PERRINE ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
3010 3RD ST. S.  
City JAX BEACH FL Zip Code 32280

8. The above named entity submits this Statement for the purpose of its registration as a corporation or both, in the State of Florida.

SIGNATURE JERRY ZYSKE V.P. DATE 6/19/00

(NOTE: Registered Agent signature required when reinstating)

|                                                                                                                                                       |                                                                                                                     |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00.<br>After MAY 1, 2000 Fee will be \$550.00<br>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                         |                                                                                                             |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>TRAYLOR, JAMES III<br>125 GARDENIA AVE.<br>PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DST<br>ZYSKI, JERRY III<br>12305 ARBOR DRIVE<br>PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                             |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 |                                                                   |
|--------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JERRY ZYSKE V.P. DATE 6/19/00 (904) 286-8070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (9/99)