2001 UNIFORM BUSINESS REPORT (UBR)

NAME STREET ADDRESS CITY-ST-ZPP JACKSONVILLE FL 32202 TITLE PAYNE, TIMOTHY D ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE SVPT ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE NAME ABNEY, MICHAEL D ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SVPT Delete TITLE NAME ABNEY, MICHAEL D ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME MAYO, MARC M ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE NAME MAYO, MARC M ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE NAME STREET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE NAME STREET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE NAME STREET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE NAME DEWAN, DEREK E NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DEWAN, DEREK E NAME STREET ADDRESS CITY-ST-ZIP Addition A	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000104880 1. Entity Name IDEA INTEGRATION OF GEORGIA CORP.						FILED Jan 17, 2001 8:00 am Secretary of State 01-17-2001 90087 044 ***150.00				
Suite, Apt. 4, etc. City 4, State	ONE INDEPENDENT DRIVE		ONE INDEPENDENT DRIVE								
City & State City & State City & City & State City & City & State City &	2. Principal P	lace of Business	3. Mailing Address								
Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SP	ACE		
Country	City & State	e	City & State			4.	FEI Number 59-3 18	2254			}
CORPORATION SERVICE COMPANY 1201 HAY'S STREET TALLAHASSEE FI, 32301 City FL Zip Code	Zip	Country	Zip	try		5 Certificate of Status Desired \$8.75 Additional				1	
CORPORATION SERVICE COMPANY 120 1 HAYS STREET TALLAHASSEE FL 32301 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 9. This corporation is eligible to satisfy its intengible Tax tiling requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DEWAN, DEREK E MAKE NAME PAYINE, TIMOTHY D Deele NITE NAME ACKSONVILLE FL 32202 DIVIST-37-3P NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NAME NONE INDEPENDENT DRIVE JCKSONVILLE FL 32202 TILE NAME NAME NAME NAME NAME		6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New Ro	egistered Ag	ent		1
S. 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 Signa	1201	HAYS STREET	٠				Box Number is Not Acceptable)			
SIGNATURE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criterion on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DEWAN, DEREK E ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SYPT ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SPET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SPET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SPET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SPET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SPET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SPET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SPET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SPET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE SPET ADDRESS ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE MAYO, MARC M ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE TO ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE TO ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE DAYO, MARC M MAYO, MARC M DEWAN, DEREK E DEWAN, DEREK E DEWAN, DEREK E ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE DAYO, MARC M TITLE DAYO, MARC M MAYO, MARC M MAYO, MARC M TITLE DAYO, MARC M TITLE DAYO, MARC M MAYO, MARC M M					City			FL	Zip Cod	le	1
11.	9. This corporate filling r	Signature, typed or printed name of registered agent pration is eligible to satisfy its Intangible equirement and elects to do so.	and title if applicable. (NOTE FILE NOW! After MAY 1, 20	E: Registere	d Agent signature IS \$150.00 will be \$55	required when re	einstating) 10. Election Campaign Fin.	DATE			4
TITLE DEWAN, DEREK E DEWAN, DEREK E ONE INDEPENDENT DRIVE STREET ADDRESS ONE INDEPEND	,				epartment		DITIONS (CLIANICES TO OFFI	CEDC AND E	UDECTOR	CINITA	-
NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE SVPT ABNEY, MICHAEL D ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP TITLE NAME ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE NAME ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE S STREET ADDRESS CITY-ST-ZIP TITLE NAME ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202 TITLE NAME ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE NAME ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP TITLE D D Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE D DEWAN, DEREK E NAME ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition NAME NAME	TITLE NAME STREET ADDRESS	CEOC DEWAN, DEREK E ONE INDEPENDENT DRIVE		TITLE NAM STRE	E ET ADDRESS	AE	DITIONS/CHANGES TO OFFI			S IN 11	E024 (40,00)
NAME ABNEY, MICHAEL D	NAME STREET ADDRESS	ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202	☐ Delete	NAM STRE	E ET ADDRESS			[☐ Change	Addition	[6]
NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE ROBINSON, GERALD STREET ADDRESS CITY-ST-ZIP TITLE ROBINSON, GERALD STREET ADDRESS CITY-ST-ZIP TITLE D D Delete TITLE D DELET D DELET TITLE D DELET DELET D DELET TITLE D DELET D DELET	NAME STREET ADDRESS	ABNEY, MICHAEL D ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202	☐ Delete	NAM STRE	E ET ADDRESS			[Change	☐ Addition	-
NAME ROBINSON, GERALD ONE INDEPENDENT DRIVE STREET ADDRESS CITY-ST-ZIP TITLE DEWAN, DEREK E NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS	MAYO, MARC M ONE INDEPENDENT DRIVE	☐ Delete	NAM STRÉ	et address			[_ Change	Addition	
NAME DEWAN, DEREK E NAME	NAME STREET ADDRESS	ROBINSON, GERALD ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202	☐ Delete	NAM STRE	ET ADDRESS			[] Change	☐ Addition	
CITY-ST-ZIP JACKSONVILLE FL 32202 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.	NAME STREET ADDRESS CITY-ST-ZIP	DEWAN, DEREK E ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202		NAMI STRE CITY	E ET ADDRESS -ST-ZIP					☐ Addition	