2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT #P9800010071 Apr 19, 2001 8:00 am Secretary of State 04-19-2001 90061 003 ***150.00 Mailing Address C0049148 2. Principal Place of Business 3. Mailing Address 8265Coocord Blud. W Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Jocksonville, <u>593486888</u> Not Applicable 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 Derrick L. Lomas, CPA Howard A. Caplan, Attorney, P.A. Street Address (P.O. Box Number is Not Acceptable) 1627 Rogero Road Jacksonville, FL 3900 Atlantic. Blud. 32211 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 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, 2001 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. $oldsymbol{D}_i$ S $_i$ T $_i$ TITLE ☐ Delete TITLE ☐ Change Morris J. Wilson Morris J. Wilson, W. 8265 Concord Blud, W. NAME NAME STREET ADDRESS STREET ADDRESS Jacksonuille, FL 32208 Jacksonville, FL 30208 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE_ Delete TITLE NAME NAME 2065 Concord Bluding Sacksonville, FL 3008 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITI F Robert McClure NAME NAME Bais Concord Blud. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sackson ville, FL 32208 Addition ☐ Delete TITLE Ernest McDowell 8a65 Concord Blud, W. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE Newman E. Stanley 8265 Concord Blue, W. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sacksonville, FL 3220 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. Howard A. Caplon UP SIGNATURE: