

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90083 006 \*\*\*150.00

**DOCUMENT # P98000038980**

1. Entity Name  
**KSIR, INC.**



Principal Place of Business

~~6950 PHILIPS HWY~~

~~STE 6~~

~~JACKSONVILLE FL 32216~~

Mailing Address

~~6950 PHILIPS HWY~~

~~STE 6~~

~~JACKSONVILLE FL 32216~~

2. Principal Place of Business

**7220 Financial Way**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Jacksonville FL**

Zip

**32256**

Country

**USA**

3. Mailing Address

**7220 Financial Way**

Suite, Apt. #, etc.

**Suite 400**

City & State

**Jacksonville FL**

Zip

**32256**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3507136**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, LAURA A**

~~6950 PHILIPS HWY~~

~~STE 6~~

**JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

**Laura Henry Allen**

Street Address (P.O. Box Number is Not Acceptable)

**7220 Financial Way**

**Suite 400**

City

**Jacksonville**

**FL**

Zip Code

**32256**

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. I am familiar with, and accept the obligations of registered agent.

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VPDS** ☐ Delete

NAME **ALLEN, LAURA A**

STREET ADDRESS ~~6950 PHILIPS HWY STE 6~~

CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **PTD** ☐ Delete

NAME **ALLEN, JOHN J**

STREET ADDRESS ~~6950 PHILIPS HWY STE 6~~

CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **7220 Financial Way**

STREET ADDRESS **Suite 400 Jacksonville FL 32256**

CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **7220 Financial Way**

STREET ADDRESS **Suite 400**

CITY-ST-ZIP **Jacksonville FL 32256**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Laura Henry Allen**

Date

**5/29/03**

Daytime Phone #

**904 246 8006**

CR2E034 (10/02)