2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90018 009 ***150.00

0026173

DOCUMENT # P98000041433

1. Entity Name
AUVIDA, INC.

Principal Place of Business	Mailing Address
825 THOMASVILLE ROAD TALLAHASSEE FL 32303	825 THOMASVILLE ROAD TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
281 Pinewood Dr.	281 Pinewood Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAllahassee, FL.	City & State: TAllahassee, FL.
Zip: 32303 — Country: Leon	Zip: 32303 — Country: Leon

4. FEI Number 59-3523100 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VANTURE, CHARLES E
825 THOMASVILE ROAD
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name: Charles E. Vanture
Street Address (P.O. Box Number is Not Acceptable): 281 Pinewood Dr.
City: TAllahassee FL Zip Code: 32303

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	VANTURE, CHARLES E	NAME	Charles E. Vanture
STREET ADDRESS	825 THOMASVILLE ROAD	STREET ADDRESS	281 Pinewood Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	TAllahassee, FL. 32303
TITLE	DST ☐ Delete	TITLE	DST ☒ Change ☐ Addition
NAME	COBURN, L. MARIE	NAME	L. Marie Coburn
STREET ADDRESS	825 THOMASVILLE ROAD	STREET ADDRESS	281 Pinewood Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	TAllahassee, FL. 32303
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #