2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90120 021 ***150.00

DOCUMENT # P98000061272

1. Entity Name

CHARLES R. SUSSMAN, P.A.

Principal Place of Business	Mailing Address
5150 BELFORT RD. BLDG 300 JACKSONVILLE FL 32256	5150 BELFORT RD. BLDG 300 JACKSONVILLE FL 32256

D0044979

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3525118 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUSSMAN, CHARLES R
~~4215 SOUTHPOINT BLVD SUITE 140~~
JACKSONVILLE FL ~~32216~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Rd.
Bldg 300
City Jacksonville 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.

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 DPST NAME SUSSMAN, CHARLES R STREET ADDRESS 4215 SOUTHPOINT BLVD SUITE 140 CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete	☒ Change ☐ Addition TITLE NAME STREET ADDRESS 5150 Belfort Rd. Bldg 300 CITY-ST-ZIP Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: Charles R Sussman (Charles R Sussman) 4/24/01 (904)296-2630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #