2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90079 026 ***150.00

DOCUMENT # P98000088157

1. Entity Name
DUVAL STATION DEVELOPERS, INC.

Principal Place of Business
4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667

Mailing Address
4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3539386 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
STOKES, E C JR
9551 BAYMEADOWS RD
STE 4
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
Name: STOKES, E. CHESTER, JR.
Street Address (P.O. Box Number is Not Acceptable): 4315 PABLO OAKS COURT, SUITE 1
City: JACKSONVILLE FL Zip Code: 32224

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: E. Chester Stokes, Jr. 4/17/02
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, 2002 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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STOKES, E C JR	NAME	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PUTNAL, JAMES E	NAME	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BRAREN, MICHAEL E	NAME	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WALLACE, L D	NAME	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	CITY-ST-ZIP	
TITLE	VT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PREDENHAGEN, SHARON W	NAME	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HICE, SHERRY	NAME	
STREET ADDRESS	4315 PABLO OAKS COURT, STE. 1	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224-9667	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 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: Sherry Hice — Sherry Hice, Secretary — 4/17/02 — 904/482-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)