## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 16, 2001 8:00 am Secretary of State DOCUMENT # P 98000 88778 orporation 05-16-2001 90311 001 \*\*\*300.00 Principal Place of Business Mailing Address P. O. BOX 43552 P. O. BOX 43552 JACKSONVILLE FL 32203 JACKSONVILLE FL 32203 てシャ 2, Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicat \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARNEY, LEONARD L. JR. Street Address (P.O. Box Number is Not Acceptable) 7534 REED ST. JACKSONVILLE FL 32208 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax fliing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Additi Change **PCEO** ☐ Detete TITLE TITLE Barney, Leónard L Jr. NAME NAME STREET ADDRESS 7534 REED ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32208 Change Additi Delete TETE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Additi-THTLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-799 CITY-ST-71P Change Additi-TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7IP Change Additi-TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additio TITLE Delete TITLE NAME NAME

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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Seonard L. Sarney

4-07-01

(904)7641660

FILED