2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # P98000100779 Feb 05, 2001 8:00 am Secretary of State 1. Entity Name FRANSON, ALDRIDGE & SANDS, P.A. 02-05-2001 90008 028 ***150.00 Principal Place of Business Mailing Address 1551 ATLANTIC BLVD 1551 ATLANTIC BLVD SUITE 200 SUITE 200 915070 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address 1325 Hendricks Avenue 1325 Hendricks Avenue Suite, Apt # etc Suite, Apt #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3545862 Jacksonville, FL Jacksonville, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 32207 USA 32207 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDS, J. KEITH M Street Address (P.O. Box Number is Not Acceptable) TAYAR SUTTAKTER KACEEK 1325 Hendricks Ave., Ste. 200 SUITE 200 Jacksonville, FL 32207 Zip Code FL 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE TITLE ☐ Delete ☐ Addition DP FRANSON, CHARLES J NAME NAME Franson, Charles J. 1551 ATLANTIC BLVD STE 200 STREET ADDRESS STREET ADDRESS 1325 Hendricks Ave., Suite 200 CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-7IP Jacksonville, FL 32207 DVPT TITLE ☐ Delete TITLE X Change ☐ Addition DVPT ALDRIDGE, ROBERT G NAME NAME Aldridge, Robert G. 1325 Hendricks Ave., Suite 200 STREET ADDRESS 1551 ATLANTIC BLVD STE 200 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP Jacksonville, FL 32207 TITLE ☐ Delete TITLE Addition SANDS, J. KEITH M NAME NAME Sands, J.-Keith M.-1551 ATLANTIC BLVD STE 200 STREET ADDRESS STREET ADDRESS 1325 Hendricks Ave., Suite 200 CITY-ST-7IP JACKSONVILLE FL 32207 CITY-ST-ZIP Jacksonville, FL 32207 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this time 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR