2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Z

IGNATURE AND TWED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P9900016748 1. Entity Name ST. JOHNS PRESS CORPORATION 02-01-2001 90068 048 ***150.00 Principal Place of Business Mailing Address 2375 ST. JOHN'S BLUFF ROAD 2375 ST. JOHN'S BLUFF ROAD # 309 # 309 JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3560640 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SABOL, JOSEPH A ----Street Address (P.O. Box Number is Not Acceptable) 2375 ST. JOHNS BLUFF RD. S. #309 JACKSONVILLE FL 32246 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 filing requirement and elects to do so.: Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 - * *** OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE SABOL, JOSEPH A NAME STREET ADDRESS STREET ADDRESS 2375 ST. JOHNS BLUFF RD., S. #309 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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