

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90047 004 \*\*\*150.00

**DOCUMENT #** P99000040878

**1. Entity Name**

~~Resource Corporate Management Inc.~~

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
3060 Leon Road, #202

**3. Mailing Address**  
3060 Leon Road, #202

Suite, Apt. #, etc.

**Suite 202**

Suite, Apt. #, etc.

**Suite 202**

**City & State**  
Jacksonville, FL

**City & State**  
Jacksonville, FL

**4. FEI Number**  
59-3574486

**Applied For**  
Not Applicable

**Zip**  
32246

**Country**  
Duval

**Zip**  
32246

**Country**  
Duval

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

**7. Name and Address of Current Registered Agent**

**Name**  
William Durden

**Street Address (P.O. Box Number is Not Acceptable)**  
225 Waters Street

**Suite 900**

**City** Jacksonville **FL** **Zip Code** 32202

**DO NOT WRITE  
IN THIS SPACE**

**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 mandating)

**DATE**

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE**  
**NAME** Lock W. Ireland  
**STREET ADDRESS** 2211 Alicia Lane  
**CITY- ST- ZIP** Atlantic Beach, FL 32233

**TITLE**  
**NAME** Edward C. Hustus  
**STREET ADDRESS** 14538 Basilham Lane  
**CITY- ST- ZIP** Jacksonville, FL 32258

**TITLE**  
**NAME** L. Shane Ireland  
**STREET ADDRESS** 13769 Sea Mist Drive  
**CITY- ST- ZIP** Jacksonville, FL 32224

**TITLE**  
**NAME** William Durden  
**STREET ADDRESS** 1908 S. Epping Forest Way  
**CITY- ST- ZIP** Jacksonville, FL 32217

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**CITY- ST- ZIP**

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IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)