2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED DOCUMENT # **P99000046925** May 18, 2000 8:00 am Secretary of State TECHNOLOGY LAW PROFESSIONAL ASSOCIATION 05-18-2000 90294 047 ***150.00 Mailing Address Principal Place of Business 200 WEST FORSYTH ST., STE, 1730 200 WEST FORSYTH ST., STE, 1730 JACKSONVILLE FL 32202-4359 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 2000 SUITE 2000 Applied For City & State 4. FEI Number City & State UACKSONVILLE , FLORIDA 59 -3581821 JACKSONVILLE, FL Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 32202 32202 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRAUGHON, RICHARD S Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE 200 WEST FORSYTH ST., STE: 1730 JACKSONVILLE FL 32202 SUITE 2000 Zip Code **32202** JACKSONVILLE 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) DATE 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 \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPVCT **X** Change Addition TITLE ☐ Delete TITLE DRAUGHON, RICHARD & NAME DRAUGHON, RICHARD S NAME ONE INDEPENDENT DRIVE SUITE 2000 STREET ADDRESS STREET ADDRESS 200 WEST FORSYTH ST., STE. 1730 JACKCONVILLE, FLORIDA 32202 CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP filing does not qualify for and accurate and that or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the hydrogeneous signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the informat indicated on this report of supple of the corporation or the receiver to execute this repo

RICHARD SCOTT DRAUGHO!

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AME OF SIGNING OFFICER OR DIRECTOR