2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000086609

1. Entity Name



FILED Feb 25, 2003 8:00 am Secretary of State

THE DEMPSEY GROUP, INCORPORATED						02-23-2003 90131 037	130	7.00	
4616 YACHT CLUB ROAD			4616 YACHT C	Mailing Address 4616 YACHT CLUB ROAD JACKSONVILLE FL 32210			11 2 C 21(8 2 (2	11 88 118 2821 3801	
2. Principal	Place of Busi	ness	3. Mailing Addr	ress					
Suite, Ap	ot. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING (CHANGE!	S	
City & St.	ate		City & State			4. FEI Number NOT APPLICABLE		Applied For	
Zip Country		Zip	Cour	ntry		8.75 Ac			
	6. Name	and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent				
		· 			Name		ent		
DEMPSEY, EDWARD A III 4616 YACHT CLUB ROAD					Street Address (P.O. Box Number is Not Acceptable)				
	NVILLE FL 3	' -						<u> </u>	
O The plant of the					City	■ 1 Zip Code			
the obliga	e named entity ations of regist	y submits this statement ered agent.	for the purpose of cha	anging its registere	ed office or register	ed agent, or both, in the State of Florida. I am fan	niliar with,	, and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if applicable.	(NOTE: Registere	d Agent signature required	whos rejected in a			
Afte	r May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department	of State			DATE DATE DATE DETERMINISTATION DATE DATE	\$5.0 Adder	00 May Be d to Fees	
10.		OFFICERS AN	D DIRECTORS	11.		ADDITIONS (CHANGED TO OFFICERS AND D			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4616 YACH	EDWARD A III IT CLUB ROAD /ILLE FL 32210	□ De	elete TITLE NAME STREE	ı	ADDITIONS/CHANGES TO OFFICERS AND DI	Change	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		□ De	NAME STREE	ľ	С] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. Del	NAME STREE	1] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Del	NAME	T ADDRESS		Change	Addition	
ITLE NAME STREET ADDRESS STY-ST-ZIP	,,		□ Dela	NAME	f address ST-ZIP		Change	Addition	
ITLE IAME TREET ADDRESS			☐ Dele	NAME	Abbacce		Change	Addition	

12. I hereby certify that the information supplied indicated on this report or supplied ental of the corporation or the receiver or true changed, or on an attachment with a large of the corporation or the receiver or true changed. with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN