2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jun 01, 2000 8:00 am DOCUMENT # **P99000105689 Secretary of State** WILBER AND ASSOCIATES, INC. 05-08-2000 90042 032 ***150.00 Mailing Address Principal Place of Business 6680-A COLUMBIA PARK DRIVE SOUTH 6690-A COLLIMBIA PARK DRIVE SOUTH JACKSONVILLE FL 32258 JACKSONVILLE FL 32258 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-7170817 Not Applicable \$8.75 Additional Country Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILBER, CARL Street Address (P.O. Box Number is Not Acceptable) 6680-A COLUMBIA PARK DRIVE SOUTH JACKSONVILLE FL 32258 Zip Code City 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. ·[] Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITL E TITLE , 7. NAME NAME WILBER, CARL STREET ADDRESS **6680-A COLUMBIA PARK DRIVE SOUTH** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32258 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-71P Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ 🔲 Addition -TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ 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 13. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver of 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 without address, with all other like empowered.

TO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Devisions Phone 6