## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # \$83213  1. Entity Name  OBCO, INC.						APPROVED AND FILED  01 JAN 19 AM 11: 57			
Principal Place of Business Mailing Address						3. 3, 3	13(7)(1)	<i>)</i>	
3030 HARTLEY ROAD STE 100 JACKSONVILLE FL 32257 US		3030 HARTLEY ROAD STE 100 JACKSONVILLE FL 32257 US				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SPACE			
City & State		City & State		<b>4</b> . F	El Number <b>59-3089994</b>	_ <del></del>	plied For t Applicable		
Zip	Country	Zip	Coun	try		Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current R	egistered Agent		Name	7. N	lame and Address of New Registered	Agent	• •	
NEWTON, CLIFFORD B 10192 SAN JOSE BLVD JACKSONVILLE FL 32257				Street Address (P.O. Box Number is Not Acceptable)					
				City		F	L Zip Code	•	
Tax filing r (See criter	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			00 State	Election Campaign Financing     Trust Fund Contribution.	☐ Ádded	O May Be to Fees	
11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D HUTSON, DAVID W. 3030 HARTLEY ROAD STE 100 JACKSONVILLE FL 32257 P HINSON, DONALD P 3030 HARTLEY ROAD STE 100	IRECTORS  Delete	CITY TITLE NAM	E ET ADDRESS -ST-ZIP	AD	90003576 -01/26/01 ****150.00	Change 5 <b>4 3 3</b> 01055	Addition 3	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	JACKSONVILLE FL 32257 V HUTSON, NANCY 3030 HARTLEY ROAD STE 100 JACKSONVILLE FL 32257 V HUTSON, KIMBERLY 3030 HARTLEY STE 100	. Delete _	TITLE NAM STRE CITY TITLE NAM	E ET ADDRESS ST-ZIP			☐ Change	Addition Addition	
CITY-ST-ZIP  TIT-S NAME  STRLET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL 32257 S COX, ELINORE C 3030 HARTLEY ROAD STE 100 JACKSONVILLE FL 32257	□ Delete	TITLE NAMI STRE			. \	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby c	sertify that the information supplied with It	☐ Delete	CITY-	E ET ADDRESS -ST-ZIP motion stated in	Section 1	119.07(3)(i), Florida Statutes. I fur her co	thange uity that the ir	Addition Addition	
indicated of the cor changed,	on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wi	rue and accurate and that madered to execute this report a that all off or like empowered.	y signat as requi	ture shall have t red by Chapter	the same l 607, Florid	egal effect as if made under oath; that da Statutes; and that my name appears	am an officer in Block 11 or	or director Block 12 if	

SIGNATURE: Donald P. Hinson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

904 262-7718

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Daytime Phone #