FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83213

OBCO, INC.

1. Entity Name

FILED Mar 20, 2002 8:00 am **Secretary of State**

03-20-2002 90062 048 ***150.00

| do not write in this space | | | | | . 42010A | |
|---|---|-------------|------------------|--|---|-----------------------------|
| Principal Place of Business 3. Mailing Address | | | | | : | |
| 11111-70 San Jose Blvd. 11111-70 San | | | | Jose Blvd. | | |
| Suite, Apt. #, #276 | Suite, Apt. #, etc. #276 | pt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & State City & State | | | | _ | 4. FEI Number | Applied For |
| Jackson | nville, Fl | Jacksonvill | Jacksonville, Fl | | 59-3089994 | Not Applicable |
| Zip 32223 | | | Count Du | val | 5. Certificate of Status Desired See Required Fee Required | |
| | | • | | Name | 7. Name and Address of Current Registered | d Agent |
| DO NOT WRITE | | | | Newton, Clifford B. | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| IN THIS SPACE | | | | 10192 San Jose Blvd | | |
| ٤ | | | | City Jacksonville FL Zip Code 32257 | | |
| 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 reinstating) 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 After May 1, Amended L Make Check Payable | | | | e is \$550.00 10. Election Campaign Financing \$5.00 May B | | \$5.00 May Be Added to Fees |
| 11, | OFFICERS AND E | | H | , | | |
| TITLE | D | .,,,,, | TITLE | | | |
| NAME | Hutson, David W | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | Jacksonville, F1 32257 | | | ST-ZIP | | |
| TITLE | P/D | | TITLE | | | |
| NAME | Hinson, Donald P. | | | : | | |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CJTY-ST-ZIP | Jacksonville, F1 32257 | | | ST-ZIP | | |
| TITLE | V | | TITLE | | The transfer of the second of | • • • |
| NAME | Hutson, Nancy | | | | | |
| STREET ADDRESS | 3020 Hartley Rd STE 100 | | | ET ADDRESS | DO NOT WRI | TE |
| CITY-ST-ZIP | Jacksonville, F1 32257 | | | ST-ZIP | CO 1401 AA140 | l II lien |
| TITLE | V | | TITLE | 1 | IN THIS SPACE | CF |
| NAME | HutsonlyKimberly | | | | 114 11110 0174 | |
| STREET ADDRESS | 3020 Hartley Rd STE 100 Jacksonville, F1 32257 | | | ET ADDRESS | | |
| CITY-ST-ZIP | Jacksonville, Fl | 32257 | CHY | ST-ZIP | | |
| TITLE | S | | TITLE NAME | | | ļ |
| NAME | Cox, Elinore C. | | | | | |
| STREET ADDRESS | 3020 hartley kd Ste 100 | | | ET ADDRESS ST-ZIP | | |
| CITY-ST-ZIP | Jacksonville, Fl | 32257 | ∦ - | | | |
| TITLE | . · | | TITLE | 1 | | J |
| NAME | | | NAME | • | | |
| STREET ADDRESS | | | ll l | ET ADDRESS ST-ZIP | | |

13. I hereby certify that the information supplied with this filing 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 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:

Elinore C. Cox

3/1/02

Date

904/262-7718

Daytime Phone #