FILED

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

## Mar 13, 2001 8:00 am **DOCUMENT # \$92930 Secretary of State** ACANTHUS, INC. 03-13-2001 90062 004 \*\*\*150.00 Principal Place of Business Mailing Address 9957 FRONT-RD-PO BOX 5369 JACKSONVILLE FL 32257-JACKSONVILLE FL 32247 2. Principal Place of Business 3. Mailing Address Sedawick 2201 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3100447 Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 32217 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RILEY, ANN MCGHEE Street Address (P.O. Box Number is Not Acceptable) 1407 ATLANTIC BLVD JACKSONVILLE FL 32207 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Change ☐ Addition TITLE Delete RILEY, ANN MCGEHEE NAME NAME 1407 ATLANTIC BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete NAME 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-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann M. Riley 3/6/01 (904) 993-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Pression to Day Internal Phone #