2002 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am \$ Secretary of State V07865 DOCUMENT # 1. Entity Name CLEMRICH, INC. 03-07-2002 90041 002 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1747 P.O. BOX 1747 ORANGE PARK FL 32067 ORANGE PARK FL 32067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3108517 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDSON, ROLAND S Street Address (P.O. Box Number is Not Acceptable) 10142 WINDWARD WAY NORTH JACKSONVILLE FL 32204 City Zip Code 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition NAME RICHARDSON, ROLAND S NAME STREET ADDRESS 10142 WINDWARD WAY N STREET ADDRESS CITY-ST-ZIP Jacksonville fl CITY-ST-ZIP SD ☐ Delete TITLE Change ☐ Addition NAME CLEMONS, JAMES L NAME STREET ADDRESS **4538 ORTEGA FOREST DRIVE** STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NICHOLS, JOHN NAME STREET ADDRESS 1329 KINGSLEY AVENUE, SUITE D STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

JOHN WR NICHOL

Daytime Phone #

FILED