## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED **DOCUMENT # V20135** Mar 01, 2001 8:00 am **Secretary of State** M. GORDON VINES COMPANY 03-01-2001 90039 049 \*\*\*150.00 Principal Place of Business Mailing Address 3026 INDIAN HILL DRIVE 3026 INDIAN HILL DRIVE JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 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 59-3113645 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VINES, M. GORDON JR. Street Address (P.O. Box Number is Not Acceptable) 3026 INDIAN HILLS DRIVE JACKSONVILLE FL 32257 City Zip Code Fl 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: Hog stored Agent signature required when reinstating) CATE 9. This corporation is cligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP THLE ☐ Delete THE Addition Change MAME M GORDON VINES, JR NAME STREET ADDRESS 3026 INDIAN HILL DRIVE STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP Jacksonville FL Tifte Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7:P ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

13. I hereby certify that the information scoplied 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 of 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 received plustee ampowered 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 ner like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-7IP

HAMMENT MOORDON VINTES JR., PRESIDENT 2-23-01 (904) 389 6687

URE AND TYPED OR PANTED NAME OF SIGNING OFFICER OR DIRECTOR