

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H13450

1. Entity Name

J. LUCAS AND ASSOCIATES, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90127 034 ***150.00

Principal Place of Business

Mailing Address

1516 LONDON AVENUE
JACKSONVILLE FL 32207
US

1516 LONDON AVENUE
JACKSONVILLE FL 32207-8655
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2428704

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUCAS, JAMES M.

~~10475 FORTUNE PKWY~~

1516 LONDON AVENUE
JACKSONVILLE FL 32207

Name

JAMES M. LUCAS

Street Address (P.O. Box Number is Not Acceptable)

1516 LONDON AVENUE

City

JACKSONVILLE FL

Zip Code

32207

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) ☐

FILE-NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME LUCAS, JAMES M.
STREET ADDRESS 1516 LONDON AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition

TITLE SD ☐ Delete

NAME LUCAS, ROBERTA L.
STREET ADDRESS 1516 LONDON AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

ROBERTA L. LUCAS 4/10/00 (904) 396-3060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)