

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90098 002 ***150.00

DOCUMENT # M91530

1. Entity Name

ENDEVCO OF JACKSONVILLE, INC.

Principal Place of Business
3401 DEBUSSY ROAD
JACKSONVILLE FL 32211-2640

Mailing Address
3401 DEBUSSY ROAD
JACKSONVILLE FL 32211-2640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2903246**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LINDELL, MIKE
E 233 BAY ST
BLACKSTONE BLDG
JACKSONVILLE FL 32202

LILES, GARY
225 WARM STREET, SUITE 1500
ONE ENTERPRISE CENTER
JACKSONVILLE FL 32202

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 *James P. Hogan*

(NOTE: Registered Agent signature required when reinstating)

DATE

31 JAN 2001

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, 2001 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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **HOGAN, JAMES PATRICK**
 CITY-ST-ZIP **3401 DEBUSSY ROAD**
JACKSONVILLE FL

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **HOGAN, JERI J.**
 CITY-ST-ZIP **3401 DEBUSSY RD.**
JACKSONVILLE FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *James P. Hogan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 JAN 2001 904-743-6131

Date

Daytime Phone #

CR2E034 (10/00)