

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30273

1. Entity Name

PC USERS GROUP OF JACKSONVILLE, INC.

FILED

Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90362 012 \*\*\*\*61.25

Principal Place of Business

PO BOX 47197  
JACKSONVILLE FL 32247-7197

Mailing Address

PO BOX 47197  
JACKSONVILLE FL 32247-7197

923889



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2936105

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

SHULMAN, JUDY  
3730 LONE EAGLE RD  
JACKSONVILLE FL 32257

Name

Gary English

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

289 St. Johns River Place Lane

City

Jacksonville

FL

Zip Code

32259

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

*Bary K. English*

Gary English

2/19/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | DP                            | <input checked="" type="checkbox"/> Delete |
| NAME           | SHULMAN, JUDY                 |  |
| STREET ADDRESS | 3730 LONE EAGLE RD            |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257         |  |
| TITLE          | DV                            | <input type="checkbox"/> Delete            |
| NAME           | INGLISH, GARY                 |  |
| STREET ADDRESS | 289 ST JOHNS RIVER PLACE LANE |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32259         |  |
| TITLE          | SD                            | <input type="checkbox"/> Delete            |
| NAME           | PARRA, LUIS A                 |  |
| STREET ADDRESS | 3517-PEELER RD 7              |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32277         |  |
| TITLE          | DT                            | <input type="checkbox"/> Delete            |
| NAME           | EHRHART, WILLIAM E            |  |
| STREET ADDRESS | 4561 MIDDLETON PARK CR EAST   |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32224         |  |
| TITLE          | D                             | <input type="checkbox"/> Delete            |
| NAME           | DAVIS, RUSSELL                |  |
| STREET ADDRESS | 8468 JACINTO                  |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32211         |  |
| TITLE          | D                             | <input checked="" type="checkbox"/> Delete |
| NAME           | BARTON, PAUL                  |  |
| STREET ADDRESS | 5834 NORDE DR W               |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32244         |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | DVP                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Reg Taylor             |  |
| STREET ADDRESS | 3606-3 Emerson St      |  |
| CITY-ST-ZIP    | Jacksonville, FL 32207 |  |
| TITLE          | Director President     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Larry Howard           |  |
| STREET ADDRESS | 2420 Blackbeard Dr     |  |
| CITY-ST-ZIP    | Jacksonville FL 32244  |  |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE

*William E Ehrhart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/01 904 223-0501

CR2E037 (10/00)