

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90215 035 \*\*\*\*\*61.25

**DOCUMENT # N30273**

1. Entity Name

**PC USERS GROUP OF JACKSONVILLE, INC.**



Principal Place of Business

**PO BOX 47197  
JACKSONVILLE FL 32247-7197**

Mailing Address

**PO BOX 47197  
JACKSONVILLE FL 32247-7197**

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 **59-2936105**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**INGLISH, GARY  
289 ST. JOHNS RIVER PLACE LANE  
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name **Luis Parra**  
Street Address (P.O. Box Number is Not Acceptable) **3517 Peeler Rd #7**  
City **Jacksonville** FL **32277**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Luis Parra**

**3/27/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, REG	
STREET ADDRESS	3606-3 EMERSON ST	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	DP	<input checked="" 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 checked="" type="checkbox"/> Delete
NAME	DAVIS, RUSSELL	
STREET ADDRESS	8468 JACINTO	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, LARRY	
STREET ADDRESS	2420 BLACKBOARD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luis Parra	
STREET ADDRESS	3517 Peeler Rd #7	
CITY-ST-ZIP	Jacksonville FL 32277	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerald Bennett	
STREET ADDRESS	6115 Hyram Ave	
CITY-ST-ZIP	Jacksonville FL 32210	
TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Ballow	
STREET ADDRESS	5600 Sirius Ct	
CITY-ST-ZIP	Atlantic Beach FL 32233	
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	Anna Large	
STREET ADDRESS	4546 Cape Elizabeth Court East	
CITY-ST-ZIP	Jacksonville FL 32277	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norma Levey	
STREET ADDRESS	3376 Nokomis Road	
CITY-ST-ZIP	Orange Park FL 32065	

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 all other like empowered.

SIGNATURE:

**William E Ehrhart**

**4-8-03 2230501**

CR2E037 (10/02)