

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90045 038 \*\*\*\*61.25

**DOCUMENT # N93000004803**

1. Entity Name

**EARTH DAY JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

**117 W DUVAL ST  
 SUITE 225  
 JACKSONVILLE FL 32202  
 US**

**117 W DUVAL ST  
 SUITE 225  
 JACKSONVILLE FL 32202  
 US**

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

**59-3238364**

Applied For

Not Applicable

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

**VELETA, CHRISTI  
 117 W. DUVAL STREET, STE. 225  
 JACKSONVILLE FL 32202**

Name

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

City

**FL**

Zip Code

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

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHELLHOURN, JOHN M</b>	
STREET ADDRESS	<b>117 W DUVAL ST SUITE 275</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VELETA, CHRISTI</b>	
STREET ADDRESS	<b>117 W DUVAL ST SUITE 225</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RACONOVSKY, ROBERT</b>	
STREET ADDRESS	<b>7000 ROOSEVELT BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SEXTON, VONDA</b>	
STREET ADDRESS	<b>INDEPENDENT DR SUITE 3232</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SAYE, JACK</b>	
STREET ADDRESS	<b>4880 BULLS BAY HIGHWAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32219</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BUCKLEY, CHRIS</b>	
STREET ADDRESS	<b>3677 BALLESTERO DRIVE STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	

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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Christi Veleta* President

1-24-02 904-630-3692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)