

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90059 038 ****61.25

DOCUMENT # N93000004803



1. Entity Name
EARTH DAY JACKSONVILLE, INC.

Principal Place of Business
**117 W DUVAL ST
SUITE 225
JACKSONVILLE FL 32202
US**

Mailing Address
**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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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	Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JoAnn Crow	
STREET ADDRESS	10550 Baymeadows Rd. E. Condo # 421	
CITY-ST-ZIP	Jacksonville, Florida 32256	
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		

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* **REQUIRED**

3-24-03 904630-3692

CR2E037 (10/02)