

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90451 016 \*\*\*\*61.25

**DOCUMENT # N98000006674**

1. Entity Name

**HABITAT RESOURCES OF DUVAL COUNTY, INC.**

Principal Place of Business

Mailing Address

2404 HUBBARD STREET  
 JACKSONVILLE FL 32206

2404 HUBBARD STREET  
 JACKSONVILLE FL 32206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3545174**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKER, FRANK**  
**2404 HUBBARD STREET**  
**JACKSONVILLE FL 32206**

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 **PD**  Delete  
 NAME **CURRIE, BRIAN**  
 STREET ADDRESS **50 N LAURA STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **SURFACE, JOHN**  
 STREET ADDRESS **8100 NATIONS WAY**  
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MONTGOMERY, ANNIE**  
 STREET ADDRESS **3435 KINGSTON ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **Secy**  Change  Addition  
 NAME **CAROL BRADDOCK**  
 STREET ADDRESS **1725 MEMORIAL PK DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D**  Delete  
 NAME **TRITT, ARNOLD**  
 STREET ADDRESS **103 CENTURY 21 DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **M**  Change  Addition  
 NAME **FELICIA JOHNSON**  
 STREET ADDRESS **2024 MEHARRY AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE **VSD**  Delete  
 NAME **BARKER, FRANK**  
 STREET ADDRESS **47 W 9TH STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **M**  Delete  
 NAME **WILSON, BILL**  
 STREET ADDRESS **103 CENTURY 21 DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE  Change  Addition  
 NAME **BRENDA SUGAR**  
 STREET ADDRESS **1831 4TH STREET W.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

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:

*FRANK BARKER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/02** (904) 798-4529  
 Date Daytime Phone #

CR2E037 (9/01)