2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
02-14-2002 90017 014 ***150.00

DOCUMENT # P00000085052

1. Entity Name
H & J ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
7077 BONNEVAL ROAD SUITE 200 JACKSONVILLE FL 32216	7077 BONNEVAL ROAD SUITE 200 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4735 SUNBEAM RD	4735 SUNBEAM RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32257 Country: UNITED STATES	Zip: 32257 Country: UNITED STATES

4. FEI Number 65-1052835 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AHERN, FRED L JR
2215 SOUTH THIRD STREET SUITE 101
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name: HARRELL, WILLIAM H
Street Address (P.O. Box Number is Not Acceptable): 4735 SUNBEAM RD
City: JACKSONVILLE FL Zip Code: 32257

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] 1-22-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: HARRELL, WILLIAM H STREET ADDRESS: 7077 BONNEVAL ROAD SUITE 200 CITY-ST-ZIP: JACKSONVILLE FL 32216	☐ Delete	TITLE: P NAME: AYRES, JACK W STREET ADDRESS: 4735 SUNBEAM RD CITY-ST-ZIP: JACKSONVILLE, FL 32257	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: D NAME: HARRELL, WILLIAM H STREET ADDRESS: 4735 SUNBEAM RD CITY-ST-ZIP: JACKSONVILLE, FL 32257	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] WILLIAM H. HARRELL 1-22-02 904 296-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)