

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90025 017 ***150.00

DOCUMENT # P01000088165

1. Entity Name
NORTH FLORIDA TAXI ASSOCIATION, INC.

Principal Place of Business Mailing Address
4455 CONFEDERATE POINT ROAD JACKSONVILLE FL 32210
4455 CONFEDERATE POINT ROAD JACKSONVILLE FL 32210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
STEVENS, JOHN 2505 BARRY DRIVE JACKSONVILLE FL 32208				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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: <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	JINRIGHT, JAMES 4455 CONFEDERATE POINT ROAD JACKSONVILLE FL 32210	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD	REXFORD, JAMES 14425 MCLORMICK RD APT 123 JACKSONVILLE FL 32225	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	HOWARD, WILL 4661 KEN KINGHT DR NORTH JACKSONVILLE FL 32209	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD	SPRUILL, ROBERT JR 8305 HOGAN RD JACKSONVILLE FL 32216	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	DAVIS, DAVID 436 ACME STREET JACKSONVILLE FL 32211	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	STEVENS, JOHN 2505 BARRY DR JACKSONVILLE FL 32208	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **JAMES JINRIGHT** *J. Jinright* JAN. 10th 2002 904-509-9715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)