

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90126 014 ***550.00

DOCUMENT # P95000015645

1. Entity Name
BOURNE AND ASSOCIATES, INCORPORATED

Principal Place of Business
**4417 BEACH BLVD.
 SUITE 300
 JACKSONVILLE FL 32207**

Mailing Address
**4417 BEACH BLVD.
 SUITE 300
 JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8160 Baymeadows Way W.

3. Mailing Address
SAME

Suite, Apt. #, etc.
STE. 100

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLA.

City & State

4. FEI Number **59-3312285**

Applied For

Not Applicable

Zip **32256**

Country **USA**

Zip

Country

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

**BOURNE, ROBERT H JR.
 4417 BEACH BLVD.
 SUITE 300
 JACKSONVILLE BEACH FL 32207**

Name **Robert H. Bourne, Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
**8160 Baymeadows Way W.
 STE. 100**
 City **JACKSONVILLE** FL Zip Code **32256**

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 **Robert H. Bourne, Jr.**

DATE **7/17/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	BOURNE, ROBERT H JR.	
STREET ADDRESS	4417 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOURNE, ROBERT H III	
STREET ADDRESS	4417 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOURNE, THOMAS L	
STREET ADDRESS	4417 BEACH BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bourne, Robert H. Jr.	
STREET ADDRESS	8160 Baymeadows Way W. STE. 100	
CITY-ST-ZIP	JACKSONVILLE, FLA. 32256	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bourne, Robert H. III	
STREET ADDRESS	8160 Baymeadows Way W. STE. 100	
CITY-ST-ZIP	JACKSONVILLE, FLA. 32256	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bourne, Thomas L.	
STREET ADDRESS	8160 Baymeadows Way W. STE. 100	
CITY-ST-ZIP	JACKSONVILLE, FLA. 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		

CR2E034 (4/02)

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 BOURNE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/17/02** DAYTIME PHONE # **904-448-1710**

Date Daytime Phone #