

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90057 012 ***150.00

DOCUMENT # P95000049827

1. Entity Name
4821 SIERRA, INC.

Principal Place of Business

2199 STATE RD 3
 ST AUGUSTINE FL 32084

Mailing Address

2199 STATE RD 3
 ST AUGUSTINE FL 32084

2. Principal Place of Business

2199 AIA So.
 Suite, Apt. #, etc.

3. Mailing Address

2199 AIA So.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Augustine FL
 Zip *32084* Country *USA*

City & State

St. Augustine, FL
 Zip *32084* Country *USA*

4. FEI Number

59-3331688

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORSE, WILLIAM J JR.
 2199 STATE RD 3
 ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name *Same*
 Street Address (P.O. Box Number is Not Acceptable) *2199 AIA So.*
 City *St. Augustine* FL Zip Code *32084*

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 *William J. Morse, Jr.* *William J. Morse Jr.* 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MORSE, WILLIAM J JR.	2199 STATE RD 3	ST AUGUSTINE FL 32084	<input type="checkbox"/>
D	DUPONT, ED	P.O. BOX 551122 N/A	JACKSONVILLE FL 32255-1122	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>2199 AIA So.</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *William J. Morse, Jr.* *William J. Morse Jr.* Date *4-3-2000* Daytime Phone # *904-471-3310*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)