

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90075 010 ***150.00

DOCUMENT # 551487

1. Entity Name

WERNER REALTY CORP.

Principal Place of Business

1835-A N THIRD ST
A
JACKSONVILLE BEACH FL 32250
US

Mailing Address

PO BOX 50307
JACKSONVILLE BCH FL 32240-0307
US

2. Principal Place of Business

1082 N. Third Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville Beach, FL

City & State

4. FEI Number **59-1830726**

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WERNER, MARK A.
1835-A N THIRD ST
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

Werner, Mark A.

Street Address (P.O. Box Number is Not Acceptable)

1082 N. Third Street

City

Jacksonville Beach, FL

Zip Code

32250

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]

[Signature] President

[Signature] 1/22/01

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, 2001 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

TITLE **PD** ☐ Delete
NAME **WERNER, MARK A.**
STREET ADDRESS **1819 SOUTH OCEAN DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **ST** ☐ Delete
NAME **WERNER, MARK A.**
STREET ADDRESS **1819 S. OCEAN DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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] **MARK A WERNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 1/22/01

Date

Daytime Phone #

904-249-8443

CR2E034 (10/00)

0458018