

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761954

1. Entity Name

OLD STANTON, INC.

FILED
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90004 048 ****61.25

0011445

Principal Place of Business

Mailing Address

2323 COURTNEY DRIVE
JACKSONVILLE FL 33208

2323 COURTNEY DRIVE
JACKSONVILLE FL 33208

2. Principal Place of Business

3. Mailing Address

2787 Percy Road
Suite, Apt. #, etc.
Jacksonville, Florida
City & State

2787 Percy Road
Suite, Apt. #, etc.
Jacksonville, Florida
City & State

Zip

Country

Zip

Country

32218

32218

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, ROBERT L.
2323 COURTNEY DRIVE
JACKSONVILLE FL 32208

Name

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

2787 Percy Road

City Jacksonville

FL

Zip Code 32218

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

Robert L. Mitchell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

June 8, 2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Delete
NAME	MITCHELL, ROBERT L.	
STREET ADDRESS	2323 COURTNEY DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AIKENS, CHESTER A.	
STREET ADDRESS	305 E. UNION STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS, CHARLES E., JR	
STREET ADDRESS	1980 W EDGEWOOD AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCINTOSH, C.B.	
STREET ADDRESS	4063 RIBAUT RIVER LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIRARDEAU, ARNETT E	
STREET ADDRESS	4215 RIBAUT RIVER LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2787 Percy Road	
CITY-ST-ZIP	JACKSONVILLE, Florida 32218	
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		
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert L. Mitchell

June 8, 2001

(904) 768-4835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)