

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000044204**

1. Entity Name
PROFESSIONAL ASSOCIATION OF CITY EMPLOYEES, INC.



FILED

03 DEC 31 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



AC 12/31/03

☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**1010 ADAMS STREET
JACKSONVILLE FL 32202**

Mailing Address
**1010 E ADAMS STREET
JACKSONVILLE FL 32202**

2. Principal Place of Business

5438 STETSON RD

Suite, Apt. #, etc.

3. Mailing Address

5438 STETSON RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32207

Country

DUVAL

City & State

JACKSONVILLE, FLORIDA

Zip

32207

Country

DUVAL

4. FEI Number

59-3714565

Applied For

☐ Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DANIELS, JACK

**1010 ADAMS STREET 5438 STETSON RD.
JACKSONVILLE FL 32202 32207**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DANIELS, JACK**
STREET ADDRESS **1010 ADAMS STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete
NAME **HEARD, HELEN**
STREET ADDRESS **1010 ADAMS STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☒ Delete
NAME **SALIS, RONNIE**
STREET ADDRESS **1010 ADAMS STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **JACK DANIELS**
STREET ADDRESS **5438 STETSON RD.**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32207**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **HELEN HEARD**
STREET ADDRESS **5438 STETSON RD.**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32207**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **ROY MARAGH**
STREET ADDRESS **5438 STETSON RD**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32207**

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

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

TITLE ☐ Change ☐ 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 607, 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: *JACK DANIELS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-01 504-367-0046
Date Daytime Phone #

CR2E034 (4/03)