

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 216133

1. Entity Name
UNITED ELECTRIC COMPANY OF JACKSONVILLE

Principal Place of Business
5716 ST AUGUSTINE ROAD
JACKSONVILLE FL 32207

Mailing Address
5716 ST AUGUSTINE ROAD
JACKSONVILLE FL 32207

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 59-1746521
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, JOHN E JR
5716 ST. AUGUSTINE RD.
JACKSONVILLE FL

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.

SIGNATURE _____ 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, 2002 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
NAME GRIFFIN, JOHN E. JR.
STREET ADDRESS 5716 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

TITLE VD
NAME JEFFRIES, BOWER
STREET ADDRESS 5716 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

TITLE STD
NAME GRIFFIN, BRENDA
STREET ADDRESS 5716 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☐ Delete

TITLE VD
NAME TYSON, THOMAS C
STREET ADDRESS 5716 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VD
NAME ADAMSON, HAROLD M
STREET ADDRESS 5716 ST AUGUSTINE RD
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: John E. Griffin, Jr. 01-08-2002 (904) 731-4210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90015 011 ***150.00

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DO NOT WRITE IN THIS SPACE

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