

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 08:00 AM  
Secretary of State

DOCUMENT # 230142

1. Entity Name  
THE PROVENCE CORP.

Principal Place of Business  
2056 ATLANTIC BLVD  
JACKSONVILLE FL 32207 US

Mailing Address  
PO BOX 10925  
JACKSONVILLE FL 32247 US

2. Principal Place of Business  
1906 FOSTER DRIVE

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

City & State  
JACKSONVILLE FL

City & State

Zip Country  
32216 US

Zip Country

4. FEI Number  
59-0881539

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LAURENDEAU R J  
2056 ATLANTIC BLVD  
JACKSONVILLE FL 32207

## 7. Name and Address of New Registered Agent

Name  
LAURENDEAU R J

Street Address (P.O. Box Number is Not Acceptable)  
1906 FOSTER DRIVE

City  
JACKSONVILLE FL Zip Code  
32216

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 04/28/2001

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PST  
LAURENDEAU R J  
1906 FOSTER DR  
JACKSONVILLE FL 322163105

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 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

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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: R J LAURENDEAU

PRES 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)