2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

Sep 03, 2002 8:00 am Secretary of State 255527 DOCUMENT # 1. Entity Name 09-03-2002 90113 013 ***550.00 RAYNOR OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 011000 2641 RIVER ROAD 2641 RIVER ROAD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address 1326 Lakewood Road 1326 Lakewood Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0991385 Jacksonville, Florida Jacksonville, Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32207 32207 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mary Cecilias Johnson JOOS, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 2641 RIVER RD. JACKSONVILLE FL 32207 Jacksonville 8. The above gamed 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 obligation of registered egent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition X1 Change TITLE ☐ Delete TITLE JOOS, OLGA HELENA NAME Joos, Olga Helena 1326 Lakewood Road NAME 2641 RIVER RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP <u>Jacksonville, FL</u> 32207 STD TITLE ☐ Delete TITLE ▼ Change ☐ Addition JOOS, WILLIAM J Joos, William J. 1326 Lakewood Road NAME NAME 2641 RIVER RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP Jacksonville, FL CITY-ST-ZIP 32207 TITLE ☐ Delete TITLE - Change Addition NAME CAVEN, JOHN W, JR NAME STREET ADDRESS 2775 WHITE OAK LANE STREET ADDRESS Jacksonville fl CITY-ST-ZIP CITY-ST-ZIE PSD **PSD** ☐ Delete TITLE Change ☐ Addition TITLE Johnson, Mary Cecilia NAME NAME Johnson, Mary Cecelia 1533 LEBARON AVE. 1122 Marco Place STREET ADDRESS STREET AODRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Jacksonville, FL 32207 TITLE Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empoyers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee empoyers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee empoyers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or trustee empoyers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in the corporation of the receiver or trustee empoyers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in the corporation of the receiver or trustee empoyers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in the corporation of the receiver or trustee empoyers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in the corporation of the receiver or trustee empoyers to execute the corporation of th

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