


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90083 001 ***150.00

DOCUMENT # 265751

1. Entity Name
GEORGE A. ISRAEL, JR., INC



Principal Place of Business
**144 WATTS ST.
JACKSONVILLE FL 32204**

Mailing Address
**P.O. BOX 41106
JACKSONVILLE FL 32203**



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

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

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'CONNOR, JOHN W.
1550-A BUSINESS CIRCLE DRIVE
ORANGE PARK FL 32003**

4. FEI Number **59-1001532**

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | PD | <input type="checkbox"/> Delete |
| NAME | ISRAEL, GEORGE A. III | |
| STREET ADDRESS | 144 WATTS ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | CORDERO, KEVIN D. | |
| STREET ADDRESS | 144 WATTS ST | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | O'CONNOR, JOHN W. | |
| STREET ADDRESS | 1550-A BUSINESS CENTER DRIVE | |
| CITY-ST-ZIP | ORANGE PARK FL 32003 | |
| TITLE | COD | <input type="checkbox"/> Delete |
| NAME | CHAMBERLAIN, BRYAN | |
| STREET ADDRESS | 144 WATTS ST. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| 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 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 titles empowered.

SIGNATURE:  **4-1-03 904 355-7867**

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

CR2E034 (10/02)