

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-17-2002 90035 044 ***150.00

DOCUMENT # 296541

Entity Name
THE COURTESY CORPORATION OF TALLAHASSEE, INC.

Principal Place of Business

**1853 CAPITAL CIR NE
 SUITE E
 TALLAHASSEE FL 32308**

Mailing Address

**1853 CAPITAL CIRCLE NE
 SUITE E
 TALLAHASSEE FL 32308**



2. Principal Place of Business

1400 Village Square Blvd.

3. Mailing Address

1400 Village Sq. Blvd.

Suite, Apt. #, etc.

3-223

Suite, Apt. #, etc.

3-223

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-1101724

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32312

Country

USA

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

6. Name and Address of Current Registered Agent

**KOLKA, STACEY
 8108 BLEINHIEM LN
 TALLAHASSEE FL 32312**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DC** ☒ Delete
 NAME **SHOVLAIN, H E JR**
 STREET ADDRESS **4795 LANCASHIRE LN.**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ Delete
 NAME **SHOVLAIN, LOIS**
 STREET ADDRESS **4795 LANCASHIRE LN.**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
296541
28903

H E SHOVLAIN JR. SPECIAL ACCOUNT 1853 CAPITAL CIRCLE NE, SUITE E TALLAHASSEE, FL 32308-4492		TALLAHASSEE STATE BANK TALLAHASSEE, FL 63-992937 01		2179
PAY TO THE ORDER OF Department of State one hundred thirty dollars and no/100		Date 4/29/02 \$ 150.00		DOLLARS
Memo Country Compensation 59-1101724		JERRY T. VOLTA AUTHORIZED SIGNATURE		
:063109922: 1278074806 2179		Security Features Included		Details on Back