

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 304387**

1. Entity Name

**JACKSONVILLE TRADING COMPANY****FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90074 050 \*\*\*150.00

Principal Place of Business	Mailing Address
4595 LEXINGTON AVENUE JACKSONVILLE FL 32210	4595 LEXINGTON AVENUE JACKSONVILLE FL 32210-2058

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-1144190**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****MILNE, DOUGLAS J.**  
**4595 LEXINGTON AVENUE**  
**JACKSONVILLE FL 32210****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, 2000 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	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MILNE, JACK</b>	
STREET ADDRESS	<b>4595 LEXINGTON AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>MILNE, DOUGLAS J</b>	
STREET ADDRESS	<b>4595 LEXINGTON AVENUE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>WELLS, MARIE</b>	
STREET ADDRESS	<b>4595 LEXINGTON AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		

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:***Marie Wells* **Marie Wells**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/00 (904) 387-6770**