

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
 05-05-2001 90826 028 ***150.00

DOCUMENT # 311127

1. Entity Name
W.G. SUTTLES INC.

Principal Place of Business
**245 RIVERSIDE AVENUE
 JACKSONVILLE FL 32202**

Mailing Address
**245 RIVERSIDE AVENUE
 JACKSONVILLE FL 32202**

2. Principal Place of Business
2203 Hamilton Street

3. Mailing Address
P.O. Box 7809

Suite, Apt. #, etc.
Bldg. #1

Suite, Apt. #, etc.

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32210

Country
DUVAL

Zip
32238

Country
DUVAL

4. FEI Number **59-1152828**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AKINS, LINDA K S
 245 RIVERSIDE AVE.
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2203 Hamilton Street, Bldg. #1

City **Jacksonville** **FL** Zip Code **32210**

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, 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 **ST** ☐ Delete
 NAME **SMITH, MEREDITH L**
 STREET ADDRESS **245 RIVERSIDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **PDC** ☐ Delete
 NAME **AKINS, LINDA KAY SUTTLES**
 STREET ADDRESS **245 RIVERSIDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☒ Delete
 NAME **SUTTLES, CHARLES N MRS**
 STREET ADDRESS **245 RIVERSIDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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 **2203 Hamilton Street, Bldg. #1**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2203 Hamilton Street, Bldg. #1**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **C** ☐ Change ☐ Addition
 NAME **Suttles, Charles N.**
 STREET ADDRESS **2203 Hamilton Street, Bldg. #1**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

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

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

TITLE ☐ Change ☐ 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:

Meredith L Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/01 (904) 389-3064

CR2E034 (10/00)