

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 314339

1. Entity Name

P+E NATIONWIDE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90091 044 ***150.00

Principal Place of Business

Mailing Address

4814 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

4814 PHILLIPS HIGHWAY
JACKSONVILLE FL 32241-3938

634800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4741 Atlantic Blvd

3. Mailing Address

P.O. Box 23938

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-1262606

Applied For

Not Applicable

Zip

32207

Country

Duval

Zip

32241-3938

Country

Duval

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
WHITAKER, LLOYD T.
4814 PHILLIPS HWY.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
Whitaker, Lloyd T.
4741 Atlantic Blvd., Ste C
Jacksonville, FL 32207 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Larry L. Eckert, Treasurer

April 6, 2000 (904) 396-2222

Date

Daytime Phone #

CR2E034 (9/99)