

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90109 044 ***150.00

DOCUMENT # 394471**1. Entity Name**
ORANGE PARK SERVICE, INC.**Principal Place of Business****525 BLANDING BLVD**
PO BOX 187
ORANGE PARK FL 32067-0187**Mailing Address****525 BLANDING BLVD**
PO BOX 187
ORANGE PARK FL 32067-0187**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1374697**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****SMITH & HULSEY PROFESSIONAL ASSOCIATION**
1800 FLORIDA NAT'L BANK TOWER
225 WATER ST.
JACKSONVILLE FL 32202

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WILLIAMS SR, WILLIAM L	4720 S.R. 13	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PERRETTA, VIRGIE H.	14 BLANTON LANE	PALM COAST FL 32137	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	WILLIAMS, JEANNE	4720 S.R. 13	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HARRIS JR, HARRY E.	2747 BLANDING BLVD	MIDDLEBURG FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

4/24/2002

Date

904-272-3284

Daytime Phone #

CR2E034 (9/01)