

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90009 013 ***150.00

DOCUMENT # 406386

1. Entity Name

JACKSONVILLE WAREHOUSE CO.

Principal Place of Business

**5330 WEST FIFTH STREET
P.O. BOX 6623
JACKSONVILLE FL 32236**

Mailing Address

**5330 WEST FIFTH STREET
P.O. BOX 6623
JACKSONVILLE FL 32236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1412644

Applied For

Not Applicable

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

**SHEPHERD, FOSTER H
4928 ORTEGA FOREST DR.
JACKSONVILLE FL 32210**

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

Foster H Shepherd **Foster H Shepherd**

1-14-02

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

(NOTE: Registered Agent signature required when reinstating)

59-1412644

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
SHEPHERD, FOSTER H.
4928 ORTEGA FOREST DR.
JACKSONVILLE FL 32210**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**DONALD ZELL
8604 SAN SERVERA DR. W
JACKSONVILLE FL 32217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MILLER, CHARLES
306 WYMBERLY RD
ST. SIMONS ISLAND GA 31522**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**HAROLD ZELL
101 WORTHING ROAD
ST SIMONS ISLAND GA 31522**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZELL, CARLEY
427 W. WESLEY AVE.
SEA ISLAND GA 31561**

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HIGHTOWER, WILL
102 MAGNOLIA TRAIL
SATUMA FL 32189**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**O
SHEPHERD, JOHN
5778 FT SUMPTER RD
JACKSONVILLE FL 32223**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TAYLOR, NORRIS
3436 ISLANDER WAY
JACKSONVILLE FL 32223**

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: 7 SIGNATURES REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 904786 0811

Date

Daytime Phone #

CR2E034 (9/01)