

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90064 029 ***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**

33002672



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D** ☐ Change ☒ Addition
NAME **Donald D Zell**
STREET ADDRESS **8604 SAN SERVENA Drive W**
CITY-ST-ZIP **Jacksonville FL 32217**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Royald A Zell**
STREET ADDRESS **2225 Climbing Ivy Drive**
CITY-ST-ZIP **Tampa FL 33618**

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

TITLE **Sec/ Treas** ☐ Change ☒ Addition
NAME **Lynn Glass**
STREET ADDRESS **118 Cypress Run Drive**
CITY-ST-ZIP **Brunswick GA 31520**

TITLE **D Chairman** ☒ Change
NAME **HAROLD, ZELL**
STREET ADDRESS **102 MAGNOLIA TRAIL**
CITY-ST-ZIP **SATUMA FL 32189**

TITLE **Director/ Chairman** ☒ Change ☐ Addition
NAME **HAROLD E ZELL**
STREET ADDRESS **101 Worthing Rd**
CITY-ST-ZIP **St Simons Island GA 31522**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE HAROLD ZELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

912 996-0338

Date

Daytime Phone #

CR2E034 (10/02)