

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2002 90008 024 \*\*\*158.75

**DOCUMENT # 493521**

1. Entity Name  
**PAUL JACQUIN AND SONS, INC.**

Principal Place of Business  
**7348 COMMERCIAL CIRCLE  
P. O. BOX 4343  
FT PIERCE FL 34948-1343**

Mailing Address  
**7348 COMMERCIAL CIRCLE  
P. O. BOX 4343  
FT PIERCE FL 34948-1343**

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  
**59-1640441**

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

**SNEED, RICHARD JR.  
1905 S. 25TH ST  
FT PIERCE FL**

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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **JACQUIN, PAUL E**  
STREET ADDRESS **2707 GROVE DRIVE**  
CITY-ST-ZIP **FT PIERCE FL**

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

TITLE **SV** ☐ Delete  
NAME **JACQUIN, CHERYL**  
STREET ADDRESS **2707 GROVE DRIVE**  
CITY-ST-ZIP **FT PIERCE FL**

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

TITLE **V** ☐ Delete  
NAME **NORRIS, FRITZ**  
STREET ADDRESS **6702 SEBASTIAN ROAD**  
CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE **V** ☐ Delete  
NAME **JACQUIN, MICHAEL E**  
STREET ADDRESS **7408 GEORGES RD**  
CITY-ST-ZIP **FORT PIERCE FL 34951**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2707 Grove Drive**  
CITY-ST-ZIP **Fort Pierce, FL 34981**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: \_\_\_\_\_

**SIGNATURE OF PAUL E JACQUIN Pres.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/02 561-465-2475**  
Date Daytime Phone #

CR2E034 (9/01)