


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 526216</b> 1. Entity Name UNION 700, INC.																																																																																																																													
Principal Place of Business 700 EAST UNION STREET JACKSONVILLE FL 32206			Mailing Address 700 EAST UNION STREET JACKSONVILLE FL 32206																																																																																																																										
2. Principal Place of Business			3. Mailing Address																																																																																																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
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Country		Country		4. FEI Number <b>59-1723874</b>																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent  <b>NICOLI, G</b> <b>700 EAST UNION ST</b> <b>JACKSONVILLE FL 32206</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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 _____ (NOTE: Registered Agent signature required when reinstating)																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> </div> </div>																																																																																																																													
<div style="display: flex;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLOUNT, W.H.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4723 EXETER LANE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NICOLI, G.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3212 LAKE SHORE BLVD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RHODEN, A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4712 ORTEGA FOREST DR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	BLOUNT, W.H.		STREET ADDRESS	4723 EXETER LANE		CITY- ST- ZIP	JACKSONVILLE FL		TITLE	STD	<input type="checkbox"/> Delete	NAME	NICOLI, G.		STREET ADDRESS	3212 LAKE SHORE BLVD		CITY- ST- ZIP	JACKSONVILLE FL		TITLE	VD	<input type="checkbox"/> Delete	NAME	RHODEN, A.		STREET ADDRESS	4712 ORTEGA FOREST DR		CITY- ST- ZIP	JACKSONVILLE FL		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>G. Nicoli</i>  <b>G. NICOLI</b> </div> <div style="width: 20%;"> <b>SEC./TREAS.</b> </div> <div style="width: 20%;"> <b>APRIL 18, 2005</b> </div> <div style="width: 20%;"> <b>904-353-1234</b> </div> </div>																																																																																																																													