

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90009 033 ***150.00

DOCUMENT # 526216

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1723874

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

NICOLI, G
700 EAST UNION ST
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent

Name

G. NICOLI

Street Address (P.O. Box Number is Not Acceptable)

3212 LAKE SHORE BLVD.

City

JACKSONVILLE

FL

Zip Code

32210

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE PD ☐ Delete
NAME BLOUNT, W.H.
STREET ADDRESS 4723 EXETER LANE
CITY-STATE-ZIP JACKSONVILLE FL

TITLE STD ☐ Delete
NAME NICOLI, G.
STREET ADDRESS 3212 LAKE SHORE BLVD
CITY-STATE-ZIP JACKSONVILLE FL

TITLE VD ☐ Delete
NAME RHODEN, A.
STREET ADDRESS 4712 ORTEGA FOREST DR
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 16, 2007

Date

904-389-6100

904-389-6100
Daytime Phone #