

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 544879

1. Entity Name
CM JAX, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90004 050 ***150.00

Principal Place of Business

4973 ALTA VISTA AVE
ST AUGUSTINE FL 32084

Mailing Address

4973 ALTA VISTA AVE
ST AUGUSTINE FL 32084

2. Principal Place of Business

7418 JASPER AVE

Suite, Apt. #, etc.

3. Mailing Address

7418 Jasper Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FLA

Zip
32211

Country
DUVAL

City & State
Jacksonville FLA

Zip
32211

Country
DUVAL

4. FEI Number 59-1766318

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUFFMAN, ROBERT D.
4973 ALTA VISTA AVE
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Robert D Huffman
Street Address (P.O. Box Number is Not Acceptable)
7418 JASPER AVE
Jacksonville, FL
City Jacksonville, FL Zip Code 32211

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, 2001 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

TITLE PD
NAME HUFFMAN, ROBERT D
STREET ADDRESS 4973 ALTA VISTA AVE
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE STD
NAME HUFFMAN, BETTE K
STREET ADDRESS 4973 ALTA VISTA AVE
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE VD
NAME HUFFMAN, JAMES C
STREET ADDRESS 4973 ALTA VISTA AVE
CITY-ST-ZIP ST AUGUSTINE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 7418 JASPER AVE
CITY-ST-ZIP Jacksonville, FL 32211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 7418 JASPER AVE
CITY-ST-ZIP Jacksonville FL 32211 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 7418 JASPER AVE
CITY-ST-ZIP Jacksonville FL 32211 ☒ Change ☐ Addition

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

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

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

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: Robert D Huffman Robert D Huffman

Apr 12, 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)