

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90009 007 \*\*\*158.75

**DOCUMENT # 547560**  
 1. Entity Name  
**ENGLAND, THIMS & MILLER, INC.**

Principal Place of Business <b>14775 ST. AUGUSTINE ROAD JACKSONVILLE FL 32258</b>	Mailing Address <b>14775 ST. AUGUSTINE ROAD JACKSONVILLE FL 32258-2463</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1773930</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>ENGLAND, JAMES E</b> <del>3131 ST. JOHNS BLUFF RD. S.</del> <b>JACKSONVILLE FL 32246</b>	Name Street Address (P.O. Box Number is Not Acceptable) <b>14775 ST AUGUSTINE ROAD</b> City <b>FL</b> Zip Code <b>32258</b>

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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VSTD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THIMS, ROBERT E</b>		NAME	
STREET ADDRESS <b>3131 ST. JOHNS BLUFF RD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>CSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ENGLAND, JAMES E</b>		NAME	
STREET ADDRESS <del>3131 ST JOHN BLUFF RD S</del>		STREET ADDRESS <b>14775 ST AUGUSTINE ROAD</b>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 0</b>		CITY-ST-ZIP	
TITLE <b>EVD</b>	<input type="checkbox"/> Delete	TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLER, DOUGLAS C.</b>		NAME	
STREET ADDRESS <del>3131 ST JOHN BLUFF RD S</del>		STREET ADDRESS <b>14775 ST AUGUSTINE ROAD</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>EVD</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MATHEWS, N. HUGH</b>		NAME	
STREET ADDRESS <del>3131 ST JOHNS BLUFF RD S</del>		STREET ADDRESS <b>14775 ST AUGUSTINE ROAD</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>EV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TARVER, JOSEPH A.</b>		NAME	
STREET ADDRESS <del>3131 ST JOHNS BLUFF RD S</del>		STREET ADDRESS <b>14775 ST AUGUSTINE ROAD</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRAMMOND, JEFFREY A</b>		NAME	
STREET ADDRESS <del>3131 ST JOHNS BLUFF RD S</del>		STREET ADDRESS <b>14775 ST AUGUSTINE ROAD</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		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: JAMES E. ENGLAND, CEO DATE: 1/27/00 (904) 612-8990

CR2E034 (9/99)