

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547560

1. Entity Name

ENGLAND, THIMS & MILLER, INC.

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

02-03-2000 90009 007 ***158.75

Principal Place of Business

Mailing Address

14775 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258

14775 ST. AUGUSTINE ROAD
JACKSONVILLE FL 32258-2463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1773930

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ENGLAND, JAMES E

~~3131 ST. JOHNS BLUFF RD. S.~~
JACKSONVILLE FL 32246

Name

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

14775 ST AUGUSTINE ROAD

City

FL

Zip Code

32258

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	THIMS, ROBERT E	
STREET ADDRESS	3131 ST. JOHNS BLUFF RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGLAND, JAMES E	
STREET ADDRESS	3131 ST JOHN BLUFF RD. S	
CITY-ST-ZIP	JACKSONVILLE, FL-0	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	MILLER, DOUGLAS C.	
STREET ADDRESS	3131 ST JOHN BLUFF RD. S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	MATHEWS, N. HUGH	
STREET ADDRESS	3131 ST JOHN BLUFF RD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TARVER, JOSEPH A.	
STREET ADDRESS	3131 ST JOHN BLUFF RD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CRAMMOND, JEFFREY A	
STREET ADDRESS	3131 ST JOHN BLUFF RD S	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14775 ST AUGUSTINE ROAD	
CITY-ST-ZIP		
TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14775 ST AUGUSTINE ROAD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14775 ST AUGUSTINE ROAD	
CITY-ST-ZIP		
TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14775 ST AUGUSTINE ROAD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14775 ST AUGUSTINE ROAD	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)