

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90066 009 ***158.75

DOCUMENT # 574061

1. Entity Name

SEDGWICK ASSOCIATES, INC.

Principal Place of Business

**6650 SOUTHPOINT PKWY 330
JACKSONVILLE FL 32216**

Mailing Address

**6650 SOUTHPOINT PKWY 330
JACKSONVILLE FL 32216**

2. Principal Place of Business

8659 Baypine Road, #200

Suite, Apt. #, etc.

3. Mailing Address

8659 Baypine Road, #200

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-1824155

Applied For

Not Applicable

Zip
32256

Country
USA

Zip
32256

Country
USA

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

**SEDGWICK
SEDGWICK, STEPHEN R
2327 SEMINOLE RD
ATLANTIC BEACH FL 32233**

Name
Sedgwick, Stephen R

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

City

FL

Zip Code

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

Stephen R. Sedgwick

Stephen R. Sedgwick, President

3/11/02

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SEDGWICK, STEPHEN R
2327 SEMINOLE RD
ATLANTIC BEACH FL 32233** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sedgwick, Stephen R ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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.

President

SIGNATURE:

Stephen R. Sedgwick

Stephen R. Sedgwick

3/11/02

(904) 731-7109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0036240 AV

CR2E034 (9/01)