

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 574739

1. Entity Name
SOD SERVICE OF JACKSONVILLE, INC.

Principal Place of Business
8963 103RD ST.
JACKSONVILLE FL 32210
US

Mailing Address
8963 103RD ST
JACKSONVILLE FL 32210
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

JOHNSON, J HARLEY
8963 103RD ST.
JACKSONVILLE FL 32210

4. FEI Number 59-1827945

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

7. Name and Address of New Registered Agent

Name
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE PD
NAME JOHNSON, J HARLEY
STREET ADDRESS 8963 103RD ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME MARTIN, BEVERLY L
STREET ADDRESS 8963 103RD ST.
CITY-ST-ZIP JACKSONVILLE FL

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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: *Beverly L. Martin* 1-4-02 904 722 8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State
01-08-2002 90008 041 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)