

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90100 024 ***150.00

0024228 AV

DOCUMENT # 604132

1. Entity Name

BULLOCK, CHILDS, PENDLEY & REED, PROFESSIONAL ASSOCIATION



Principal Place of Business
1551 ATLANTIC BLVD
2ND FLOOR
JACKSONVILLE FL 32207

Mailing Address
1551 ATLANTIC BLVD
2ND FLOOR
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1445577**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BULLOCK, BRUCE S.
233 E BAY ST
STE 711 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

Name
Street Address (P.O. Box Number is Not Acceptable)
1551 Atlantic Blvd
Second Floor
City **Jacksonville** **FL** Zip Code **32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DVP**
STREET ADDRESS **BULLOCK, BRUCE S.**
CITY-ST-ZIP **2510 HICKORY BLUFF LANE**
JACKSONVILLE FL

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CHILDS, W. DOUGLAS**
CITY-ST-ZIP **8169 BLUE JAY LANE**
JACKSONVILLE FL

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **PENDLEY, MICHAEL C.**
CITY-ST-ZIP **3008 FOREST CIRCLE**
JACKSONVILLE FL

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **REED, RONALD E.**
CITY-ST-ZIP **4129 ALESBURY DRIVE**
JACKSONVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and Typed Name of Signing Officer or Director

1/20/03

Date

Daytime Phone #

(904) 396-3007

CR2E034 (10/02)