

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90021 003 ***150.00

DOCUMENT # 625969

1. Entity Name

JACKSONVILLE SPECIALTY ADVERTISING, INC.

Principal Place of Business

**6030 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

Mailing Address

**6030 ARLINGTON EXPRESSWAY
JACKSONVILLE FL 32211**

2. Principal Place of Business

2727 ATLANTIC BLVD.

Suite, Apt. #, etc.

3. Mailing Address

2727 ATLANTIC BLVD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32207

Country

USA

Zip

32207

Country

USA

4. FEI Number

59-1927492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETERSEN, SCOTT E
4620 AUGONQUIN AVE
JACKSONVILLE FL 32210**

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

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, 2001 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** ☐ Delete
NAME **PETERSEN, SCOTT EDWARD**
STREET ADDRESS **4620 AUGONQUIN AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **VD** ☐ Delete
NAME **VANDERHOFF, CAROL**
STREET ADDRESS **3591 HEDDRICK STREET**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **T** ☐ Delete
NAME **PIERCE, KATHY**
STREET ADDRESS **6030 ARLINGTON EXPRESSWAY**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01

Date

(904) 398-7072

Daytime Phone #

CR2E034 (10/00)

0015372