

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-06-2002 90240 036 ***150.00

DOCUMENT # 625969

1. Entity Name

JACKSONVILLE SPECIALTY ADVERTISING, INC.

Principal Place of Business

**2727 ATLANTIC BLVD
 JACKSONVILLE FL 32207**

Mailing Address

**2727 ATLANTIC BLVD
 JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1927492		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PETERSEN, SCOTT E 4620 AUGONQUIN AVE JACKSONVILLE FL 32210				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) <input type="checkbox"/>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSEN, SCOTT EDWARD			NAME			
STREET ADDRESS	4620 AUGONQUIN AVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANDERHOFF, CAROL			NAME			
STREET ADDRESS	3591 HEDDRICK STREET			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	Pierce Kathy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIERCE, KATHY			NAME	2727 ATLANTIC Blvd.		
STREET ADDRESS	6030 ARLINGTON EXPRESSWAY			STREET ADDRESS	JACKSONVILLE, FL 32207		
CITY-ST-ZIP	JACKSONVILLE FL 32211			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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

Date

Daytime Phone #

5/17/02 904-398-7072

CR2E034 (9/01)