

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 026 ***150.00

DOCUMENT # 637621

1. Entity Name

TOWERS-SESCO ENTERPRISES, INC.

Principal Place of Business

1914 ART MUSEUM DR

D

JACKSONVILLE FL 32207

US

Mailing Address

1914 ART MUSEUM DR

D

JACKSONVILLE FL 32207

US

2. Principal Place of Business

4661 WOOD AVE

Suite, Apt. #, etc.

3. Mailing Address

4661 WOOD AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL 32207

City & State

JACKSONVILLE, FL 32207

4. FEI Number **59-1942945**

Applied For
Not Applicable

Zip

32207

Country

U.S.

Zip

32207

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOWERS, ROBERT S, JR

1615 DONALD ST

JACKSONVILLE FL 32205

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.

(SAME)

SIGNATURE

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

ROBERT S TOWERS JR

(NOTE: Registered Agent signature required when reinstating)

02/01/02

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

TITLE **PVD**
NAME **TOWERS, JR., ROBERT S.**
STREET ADDRESS **1615 DONALD ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

☐ Delete

TITLE **TSD**
NAME **TOWERS, JR., ROBERT S.**
STREET ADDRESS **1615 DONALD ST.**
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. TOWERS JR

Date

Daytime Phone #

904

399811

CR2E034 (9/01)