

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90286 046 ***150.00

DOCUMENT # 650180

1. Entity Name
JAX BARGAIN PLYWOOD, INC.



Principal Place of Business
**630 NORTH EDGEWOOD AVENUE
JACKSONVILLE FL 32254
US**

Mailing Address
**630 NORTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205**

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 **59-1965467**

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

**KERN, JOHN C.
630 NORTH EDGEWOOD AVENUE
JACKSONVILLE, FL
JACKSONVILLE FL 32205**

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

SIGNATURE

Signature, typed or printed name of registered agent and title 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 PD
NAME KERN, JOHN C
STREET ADDRESS 5950 HECKSCHER DR
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE PD
NAME John C. Kern
STREET ADDRESS 8014 Tara Lane
CITY-ST-ZIP Jacksonville FL 32216

TITLE S
NAME EMERSON, CAROLE C
STREET ADDRESS 630 N EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL

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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:

Carole C. Emerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

9045881501

Date

Daytime Phone #

CR2E034 (10/02)