

2002 UNIFORM BUSINESS REPORT (UBR)

0105119 AV

DOCUMENT # **677248**

1. Entity Name
JERNIGAN COMPANY, INC.

FILED

02 JUN 24 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5137 SPRING RUN AVE
ORLANDO FL 32819
US**

Mailing Address

**5137 SPRING RUN AVE
SUITE 226-A
ORLANDO FL 32819
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2008324

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANG, THOMAS P
ALLEN, LANG, CUROTTO & PEED, P.A.
14 E WASHINGTON ST, SUITE 600
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

200006106732--6

-06/28/02--01062--005

******150.00 ****150.00**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDS
FOURNIER, T A JR
5137 SPRING RUN AVENUE
ORLANDO, FL 00000** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT (PDS)
FOURNIER, T. A. JR.
340 NEEDLES COURT
LONGWOOD, FL 32779** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ 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

6-12-02

Date

407-788-2274

Daytime Phone #

CR2E034 (9/01)

June 12, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

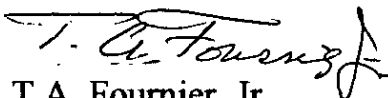
To Whom It May Concern:

I'm writing to explain the reason for my late filing in the hope that you will accept the original fee of \$150.00, which is enclosed.

I have had six major operations in the last eighteen months... three were life threatening. At the time the filing was due I was in the critical care unit at Florida Hospital, Altamonte. Friends were trying to take care of my affairs and did not realize the importance of the filing. They simply waited for me to be released from the hospital.

I respectfully request that you accept my filing and thank you in advance for your consideration,

Sincerely,
THE JERNIGAN CO., INC.


T.A. Fournier, Jr.
President