

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716565

1. Entity Name

FLORIDA ELECTRONIC SERVICE ASSOCIATION OF JACKSO

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90043 049 ****70.00

Principal Place of Business

8616 GRAYBAR DR.
JACKSONVILLE FL 32221

Mailing Address

8616 GRAYBAR DR.
JACKSONVILLE FL 32221

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2873321

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES O.
8616 GRAYBAR DR.
JACKSONVILLE FL 32221

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME WETZEL, LEWIS
STREET ADDRESS 6120-01 POWERS AVE
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D ☐ Delete
NAME WILLIAMS, BILLY
STREET ADDRESS 1409 GLENDALE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ Delete
NAME LYTELL, EMMETT
STREET ADDRESS 8530 LONE STAR RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE T ☐ Delete
NAME SMITH, J O
STREET ADDRESS 8616 GRAYBAR DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME JARRETT, BRUCE
STREET ADDRESS 927 SOUTH EDGEWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE D ☐ Delete
NAME BROWN, L. A.
STREET ADDRESS 611 N 3RD STREET
CITY-ST-ZIP JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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NAME
STREET ADDRESS
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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

1-18-01 (781-3772)