

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716565

1. Entity Name

FLORIDA ELECTRONIC SERVICE ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

8616 GRAYBAR DR.  
JACKSONVILLE FL 32221

8616 GRAYBAR DR.  
JACKSONVILLE FL 32221

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

59-2873321

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

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

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)

6/8/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME ☒ Change ☐ Addition  
Pres Joe Moses  
STREET ADDRESS 1829 E. Beaver St.  
CITY-ST-ZIP Jax FL 32202

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

TITLE NAME ☐ Change ☐ Addition  
Dir. Pete Estes  
STREET ADDRESS 6629 Romilly Dr.  
CITY-ST-ZIP Jax FL 32210

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

TITLE NAME ☐ Change ☐ Addition  
Dir. Pete Estes  
STREET ADDRESS 6629 Romilly Dr.  
CITY-ST-ZIP Jax FL 32210

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

TITLE NAME ☐ Change ☐ Addition  
Dir. Pete Estes  
STREET ADDRESS 6629 Romilly Dr.  
CITY-ST-ZIP Jax FL 32210

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

TITLE NAME ☐ Change ☐ Addition  
Dir. Pete Estes  
STREET ADDRESS 6629 Romilly Dr.  
CITY-ST-ZIP Jax FL 32210

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

TITLE NAME ☐ Change ☐ Addition  
Dir. Pete Estes  
STREET ADDRESS 6629 Romilly Dr.  
CITY-ST-ZIP Jax FL 32210

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

6/12/02 904 781-3772

Date

Daytime Phone #

CR2E037 (9/01)