

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743266

1. Entity Name

SUITS FOR SERVANTS, INC.

Principal Place of Business

5318 NORMANDY BLVD
PO BOX 37559
JACKSONVILLE FL 32205

Mailing Address

5318 NORMANDY BLVD
PO BOX 37559
JACKSONVILLE FL 32205-4830

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

59-1855940

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

TATUM JAMES L.
6835 SENECA AVE.
JACKSONVILLE FL 32210

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TATUM, JAMES L.	
STREET ADDRESS	6835 SENECA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TATUM, BERNICE D.	
STREET ADDRESS	6835 SENECA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLARD, JAMES F., SR.	
STREET ADDRESS	810 LAUREL ST.	
CITY-ST-ZIP	BREMEN GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLFORD, STEPHEN F.(DR)	
STREET ADDRESS	682 KEY ROYAL	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARRAMORE, CLYDE M.(DR)	
STREET ADDRESS	115 SEQUOIA DR.	
CITY-ST-ZIP	PASADENA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DAVID H.	
STREET ADDRESS	1484 MURRAY DR.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-9-00 904-786-7985

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90185 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)