

2002 UNIFORM BUSINESS REPORT (UBR)

0006048 AT

DOCUMENT # A00000000914

1. Entity Name
J. CARTER ENTERPRISES, LTD.

FILED

LF

02 APR 25 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2730 COLLEGE STREET
JACKSONVILLE FL 32205

Mailing Address
2730 COLLEGE STREET
JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3651257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CARTER, JAMES L
2730 COLLEGE STREET
JACKSONVILLE FL 32205

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$2,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,500,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000053355	STREET ADDRESS	
NAME	J. CARTER ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2730 COLLEGE STREET		
CITY-ST-ZIP	JACKSONVILLE FL 32205		
DOCUMENT #		STREET ADDRESS	400005481124--1
NAME		CITY-ST-ZIP	-05/07/02--01053--004
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *James L. Carter* **JAMES L. CARTER** 4-23-02 904-384-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)