

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State
 03-08-2000 90039 023 ***150.00

DOCUMENT # F08311

1. Entity Name

EPPERSON & COMPANY - JACKSONVILLE, INC.

Principal Place of Business

115 WATTS STREET
 PO BOX 40745
 JACKSONVILLE FL 32209

Mailing Address

115 WATTS STREET
 PO BOX 40745
 JACKSONVILLE FL 32203-0745

2. Principal Place of Business

8180 Normandy Blvd.

Suite, Apt. #, etc.

3. Mailing Address

8180 Normandy Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32221

Country

USA

Zip

32221

Country

USA

4. FEI Number

59-2041042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, DERILL RAY
18301 BOYETTE RD
LITHIA FL 33547

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

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, 2000 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

TITLE **T** ☒ Delete
 NAME **HARRIS, ROBERT D**
 STREET ADDRESS **6709 S HESPERIDES**
 CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ Delete
 NAME **SMITH, DERILL R.**
 STREET ADDRESS **18301 BOYETTE RD.**
 CITY-ST-ZIP **LITHIA FL**

TITLE **VD** ☐ Delete
 NAME **ABBITT, J.M., JR.**
 STREET ADDRESS **2608 COVENTRY AVE.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **S** ☐ Delete
 NAME **SMITH, CARL**
 STREET ADDRESS **3503 STEARNS RD**
 CITY-ST-ZIP **VALRICO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

DERILL R SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2000

Date

813-626-6125

Daytime Phone #

CR05024 (0/00)