

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90123 016 ***150.00

DOCUMENT # *F31206*

1. Entity Name *JAMES M. MALONE INC*

036135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1907 BLANDING BL.

3. Mailing Address
1907 BLANDING BL.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FLA.

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Jacksonville, FLA.

4. FEI Number
592110889

Applied For
Not Applicable

Zip *32210* Country *USA*

Zip *32210* Country *USA*

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *JAMES M. MALONE*

Street Address (P.O. Box Number is Not Acceptable)
1795 SHOAL CREEK CIRCLE

City *GREEN COVE SPRINGS* FL Zip Code *32043*

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
*JAMES M. MALONE
President
1795 SHOAL CREEK CIRCLE
GREEN COVE SPRINGS, FL. 32043*

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES M. MALONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/22/02

904-388-7283

CR2ED34B (12/01)