

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90176 033 ***150.00

DOCUMENT # F68614

1. Entity Name

**PAPPAS METCALF JENKS & MILLER, PROFESSIONAL ASSO
CIATION**



Principal Place of Business

200 W. FORSYTH ST

1400

JACKSONVILLE FL 32202-4327

US

Mailing Address

200 W. FORSYTH ST

1400

JACKSONVILLE FL 32202-4327

US

2. Principal Place of Business

245 Riverside Avenue

3. Mailing Address

245 Riverside Ave

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32202-4907

Country

USA

Zip

32202-4907

Country

USA

6. Name and Address of Current Registered Agent

PAPPAS, M. LYNN

200 W. FORSYTH ST, 1400

JACKSONVILLE FL 32202-4327

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **METCALF, JOHN G.**
STREET ADDRESS **200 W. FORSYTH ST. #1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **DS** ☐ Delete
NAME **JENKS, THOMAS M.**
STREET ADDRESS **200 W. FORSYTH ST., #1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete
NAME **TJOFLAT, MARCIA PARKER**
STREET ADDRESS **200 W. FORSYTH ST., #1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **DVT** ☐ Delete
NAME **MILLER, FRANK E**
STREET ADDRESS **200 W FORSYTH STR #1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **DV** ☐ Delete
NAME **PAPPAS, M LYNN**
STREET ADDRESS **200 W FORSYTH ST, #1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete
NAME **LEAPLEY, ROBERT A JR.**
STREET ADDRESS **200 W, FOR 54TH ST., #1400**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

11. 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
NAME
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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: **J. G. METCALF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN G. METCALF 02/21/03 (904) 353-1980
President Date Daytime Phone #

CR2E034 (10/02)