

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91596 012 ***150.00

0020263 AV

DOCUMENT # F78817

1. Entity Name
ST. JOHNS SERVICE COMPANY

Principal Place of Business
200 N LAURA ST. 10TH FLOOR
P O BOX 52506
JACKSONVILLE FL 32201-9506

Mailing Address
200 N LAURA ST. 10TH FLOOR
P O BOX 52506
JACKSONVILLE FL 32201-9506



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2188041**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DUSS, JOHN S., IV
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **WINKLER, ANN**
STREET ADDRESS **200 N LAURA ST 10 FLOOR**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **S** ☒ Change ☐ Addition
NAME **Eadie, Ann**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MCRAE, WALTER A**
STREET ADDRESS **1725 MEMORIAL PARK DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **VD** ☐ Delete
NAME **STEIN, ROBERT**
STREET ADDRESS **121 ATLANTIC PLACE #200**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **DP** ☐ Delete
NAME **WHITMIRE, G.W., JR.**
STREET ADDRESS **200 N LAURA ST., #10 FL.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **VTA** ☐ Delete
NAME **GRAHAM, HENRY H., JR.**
STREET ADDRESS **1725 MEMORIAL PARK DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **D** ☐ Delete
NAME **WHITMIRE, G W**
STREET ADDRESS **4909 ARAPAHOE AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02
 Date

904.358.2529
 Daytime Phone #

CR2E034 (9/01)