

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90134 048 ***150.00

DOCUMENT # G08286

1. Entity Name
FOURSCORE MANAGEMENT, INC.



Principal Place of Business
**6570 BARRHOLF AVENUE
JACKSONVILLE FL 32210
US**

Mailing Address
**6570 BARTHOLFE AVENUE
JACKSONVILLE FL 32210
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2230596

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

**BATZKA, DAVID L.
6570 BARTHOLF AVENUE
JACKSONVILLE FL 32210**

Name

Batzka, Vickie C.

Street Address (P.O. Box Number is Not Acceptable)

6570 Bartholf Avenue

City

Jacksonville

FL

Zip Code
32210

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

Vickie C. Batzka

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME **BATZKA, DAVID**
STREET ADDRESS **6510 BARTHOLF AVENUE**
CITY-ST-ZIP **JACKSONVILLE, F 00000**

TITLE PD ☒ Change ☐ Addition
NAME **Batzka Vickie C.**
STREET ADDRESS **6570 Bartholf Avenue**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE VST ☐ Delete
NAME **BATZKA, VICKIE**
STREET ADDRESS **6570 BARTHOLFE AVENUE**
CITY-ST-ZIP **JACKSONVILLE, F 00000**

TITLE VST ☒ Change ☒ Addition
NAME **Batzka, Diana L.**
STREET ADDRESS **6570 Bartholf Avenue**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE D ☐ Delete
NAME **BATZKA, VICKIE**
STREET ADDRESS **6570 BARTHOLFE AVENUE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE D ☐ Change ☐ Addition
NAME **Batzka, Diana L.**
STREET ADDRESS **6570 Bartholf Avenue**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Vickie C. Batzka
Vickie C. Batzka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2003

Date

(904) 353-0569

Daytime Phone #

CR2E034 (10/02)