

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G11779

1. Entity Name

FOX ENGINE SERVICE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90011 046 ***150.00

00009305



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
FOX ST FOX STREET JACKSONVILLE FL 32254	900 S D STREET 349 FOX STREET JACKSONVILLE FL 32254-3513 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2239213	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHAPMAN, SARAH J
11230 CISCO GARDENS RD S
JACKSONVILLE FL 32219

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 Sarah J. Chapman (NOTE: Registered Agent signature required when reinstating) DATE 1-18-2000

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	CHAPMAN, G. H.	NAME	
STREET ADDRESS	11230 CISCO GARDENS RD,S	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	CHAPMAN, SARAH J.	NAME	
STREET ADDRESS	11230 CISCO GARDENS RD S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Sarah J. Chapman DATE 1-18-2000 DAYTIME PHONE # 904-781-5723

CR2E034 (9/99)