

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2000 90028 042 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # G23569

1. Entity Name

JACKSONVILLE LAND FORMATIONS, INCORPORATED

Principal Place of Business

Mailing Address

327 CHESSER RD
HOLLISTER FL 32147
US

P.O. BOX 597
GREEN COVE SPRINGS FL 32043-0597
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 860

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HOLLISTER, FL

4. FEI Number

59-2254685

Applied For

Not Applicable

Zip

Country

Zip

Country

32147

PUTMAN

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

DINGMON, CHARLES E.
327 CHESSER RD
HOLLISTER FL 32147

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

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) ☒

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 PSTD
NAME DINGMON, CHARLES E
STREET ADDRESS P.O. BOX 597
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043-0597

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change

☐ Addition

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

Date

Daytime Phone #