

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G77489**

1. Entity Name
AIKENHEAD & ODOM, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90102 037 ***158.75

Principal Place of Business
**5730 BOWDEN RD
STE 200
JACKSONVILLE FL 32216
US**

Mailing Address
**5730 BOWDEN RD
STE 200
JACKSONVILLE FL 32216
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2368149** Applied For
Not Applicable

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

**AIKENHEAD, M. NEIL II
C/O AIKENHEAD & ODOM, INC.
5730 BOWDEN RD, STE 200
JACKSONVILLE FL 32216**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input type="checkbox"/> Delete
NAME AIKENHEAD, M. NEIL II	
STREET ADDRESS 5730 BOWDEN RD, STE 200	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE ST	<input type="checkbox"/> Delete
NAME AIKENHEAD, PATRICIA S.	
STREET ADDRESS 5730 BOWDEN RD, STE 200	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE EVP	<input type="checkbox"/> Delete
NAME ODOM, FRED C.	
STREET ADDRESS 5730 BOWDEN RD, STE 200	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE VP	<input type="checkbox"/> Delete
NAME HOLCOMB, MICHAEL E	
STREET ADDRESS 5730 BOWDEN RD STE 200	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Yuro, Michael J.	
STREET ADDRESS 5730 Bowden Rd, Ste 200	
CITY-ST-ZIP Jacksonville, Fl 32216	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

2/13/01
Date

904-636-5432
Daytime Phone #

FRED C. ODOM

CR2E034 (10/00)