## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am DOCUMENT # **G78391** Secretary of State CESERY INVESTMENTS, INC. 05-08-2000 90051 020 \*\*\*150.00 Mailing Address Principal Place of Business 6132 MERRILL RO 6132 MERRILL RD **STE 12 STE 12** JACKSONVILLE FL 32277-3489 JACKSONVILLE FL 32211 3. Mailing Address 2. Principal Place of Business <u>1450-3 San Marco Blvd</u> <u> 1450-3 San Marco Blvd</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2374866 Jacksonville, FL Jacksonville, FL Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 32207 32207 Duval Duval 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CESERY, WILLIAM R. JR Street Address (P.O. Box Number is Not Acceptable). 6132 MERRILL RD STE 12 1450-3 San Marco Blvd. JACKSONVILLE FL 32211 City Jacksonville 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE CESERY, WILLIAM R. JR NAME Cesery, William R., Jr. 6132 MERRILL RD STE 12 STREET ADDRESS STREET ADDRESS 1450-3 San Marco Elvd. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 Jacksonville, FL 32207 ☐ Addition Change ☐ Delete TITLE TITLE CESERY, BARBARA H. NAME NAME Cesery, Barbara H. STREET ADDRESS 6132 MERRILL RD STE 12 STREET ADDRESS 1450-3 San Marco Blvd. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 <del>Jacksonville, FL- 32207</del> ☐ Celete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-7IP

SIGNATURE: