

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91796 013 \*\*\*150.00

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AV

**DOCUMENT #** H08407

**1. Entity Name**  
J. E. MENEFFEE ASSOCIATES, INC.



**Principal Place of Business**  
124 LAUREL LANE  
PONTE VEDRA BEACH FL 32082

**Mailing Address**  
124 LAUREL LANE  
PONTE VEDRA BEACH FL 32082

**2. Principal Place of Business**  
149 TWELVE OAKS LANE  
Suite, Apt. #, etc.

**3. Mailing Address**  
149 TWELVE OAKS LANE  
Suite, Apt. #, etc.

**City & State**  
PONTE VEDRA BEACH, FL

**City & State**  
PONTE VEDRA BEACH, FL

**Zip**  
32082

**Zip**  
32082

**4. FEI Number** 59-2462369

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**



☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**  
BLEDSOE, JAMES A., JR.  
1301 RIVERPLACE BLVD  
SUITE 1818 RIVER PLACE TOWER  
JACKSONVILLE FL 32207

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_  
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** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PDCV MENEFFEE, JAMES E. 124 LAUREL LANE PONTE VEDRA BEACH FL <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PDC BARKER, FRANCIS H 149 TWELVE OAKS LANE PONTE VEDRA BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VT'S MENEFFEE, ELEANOR M. 124 LAUREL LANE PONTE VEDRA BEACH FL <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S MENEFFEE, ELEANOR M 124 LAUREL LANE PONTE VEDRA BEACH, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V BARKER, FRANCIS H 149 TWELVE OAKS LANE PONTE VEDRA BEACH FL <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	NONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<del>F</del> <del>TERRENCE C SMITH</del> <del>2254 CLEMSON RD</del> <del>JACKSONVILLE, FL</del> <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T TERRENCE C SMITH 2254 CLEMSON RD JACKSONVILLE, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 likeminded powers.**

**SIGNATURE:** TERRENCE C SMITH **REQUIRED** 4-29-03 904-731-8262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)