

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90219 038 \*\*\*150.00

0039862 AV

**DOCUMENT # H79461**

1. Entity Name  
**ACCENT PROPERTIES, INC.**



Principal Place of Business  
**2120 CORPORATE SQUARE  
#10  
JACKSONVILLE FL 32216  
US**

Mailing Address  
**8081 PHILIPS HWY  
STE 17  
JACKSONVILLE FL 32256  
US**



2. Principal Place of Business

**4000 B. ST JOHNS AVE  
Suite, Apt. #, etc.  
UNIT 22**

City & State  
**JACKSONVILLE, FL**

Zip Country  
**32205 USA**

3. Mailing Address

**4000 B ST JOHNS AVE  
Suite, Apt. #, etc.  
UNIT 22**

City & State  
**JACKSONVILLE, FL**

Zip Country  
**32205 USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2590217**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WALTON, W. H., JR.  
~~8081 PHILIPS HWY SUITE 17~~ 4000 B ST JOHNS AVE #22  
JACKSONVILLE FL 32256  
32205**

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VST** ☐ Delete  
NAME **JORDAN, M. I.**  
STREET ADDRESS **6000 SAN JOSE BLVD 4C**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DPT** ☐ Delete  
NAME **WALTON, W. H., JR.**  
STREET ADDRESS **3811 MCGIRTS BOULEVARD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DV** ☐ Delete  
NAME **WEED, J. D., JR.**  
STREET ADDRESS **4334 MCGIRTS BOULEVARD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ Delete  
NAME **WEED, J. D., III**  
STREET ADDRESS **32 MULBERRY ST**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE: **M. I. JORDAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/03 (904) 388-2225 x129**  
Date Daytime Phone #

CR2E034 (10/02)