

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90938 045 ***150.00

DOCUMENT # H82986

1. Entity Name
OLD HICKORY'S TOWN, INC.



Principal Place of Business
**7817 SPRINGTIME LANE
JACKSONVILLE FL 32221-7646**

Mailing Address
**7817 SPRINGTIME LANE
JACKSONVILLE FL 32221-7646**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2589765**

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

7. Name and Address of New Registered Agent

**TEATE, SUZANNE
3751 MONTCLAIR DRIVE
JACKSONVILLE FL 32217**

Name **JAMES R. WARD**

Street Address (P.O. Box Number is Not Acceptable)
7817 SPRINGTIME LANE

JACKSONVILLE, FLORIDA

City

FL

Zip Code

32221

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 the obligations of registered agent.

SIGNATURE **James R. Ward, P, CEO, LD** **JAMES R. WARD** **4/12/03**
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WARD, JAMES R**
STREET ADDRESS **7817 SPRINGTIME LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **PRESIDENT/CEO** ☒ Change ☐ Addition
NAME **JAMES R. WARD**
STREET ADDRESS **7817 SPRINGTIME LANE**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32221**

TITLE **DS** ☐ Delete
NAME **ELLIS, GEORGE J**
STREET ADDRESS **3831 MCGIRTS BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SECRETARY/TREASURER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **TEATE, SUZANNE**
STREET ADDRESS **3751 MONTCLAIR AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: **JAMES R. WARD** **JAMES R. WARD** **308-8461**
Signature and typed or printed name of signing officer or director Date **4/12/03** Daytime Phone #

CR2E034 (10/02)