2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J01450 **DOCUMENT#**

1. Entity Name



FILED Feb 19, 2003 8:00 am Secretary of State 02-19-2003 90020 040 ***150.00

1. Entity Name THE JOHN BURROWS COM		
Principal Place of Business 4575 ST JOHNS AVE SUITE ONE JACKSONVILLE FL 32210	Mailing Address 4575 ST JOHNS AVE SUITE ONE JACKSONVILLE FL 32210	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

SUITE ONE JACKSONVILLE FL 32210		SUITE ONE	SUITE ONE JACKSONVILLE FL 32210			1 12 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2. Principal Place of Business		3. Mailing Addre	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State			4. FEI Number 59-2638639 Applied For				\Box	
Zip	Zip Country Zip			Cou	ntry	5. Certificate of Status Desired \$8.75			8.75 Ad ee Require		3
	6. Name	and Address of Curre	ent Registered Agent		T	7. Name and Address of New Registered Agent					
BURROWS, JOHN T.				Name Street Address (P.O. Box Number is Not Acceptable)							
4635 VERONA AVE.					officer regress (1.0. box regress is not Acceptable)						1
JACKSON	WILLE FL 32	2210			Ī					*	٦
Pri		i .			City .		٠.	FL	Zip Cod		1
8. The above the obliga	uous di tedisti	r submits this statemen ered agent.	it for the purpose of chai	nging its register	red office or r	egistered ag	ent, or both, in the State of Flori	ida. I am fai	niliar with,	and accept	7
SIGNATURE.					•		• • •				ĺ
	Signature, typed o	or printed name of registered ag	ant and title if applicable.	(NOTE: Registere	ed Agent signature	required when re	instating)	DATE	·		
44.24 F	ILE NOW!!!	FEE IS \$150.00		10		-					┪
Make Ches	ř May 1: 200	3 Fee will be \$550.0 Florida Department	t of State			į	Election Campaign Fina Trust Fund Contribution.	ncing	\$5.0 Adder	May Be to Fees	
10. 🌣 💛		OFFICERS AN	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 11	-
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NAME		NANCY O	☐ Dele	ete ! TITL: NAM				Ε	☐ Change	☐ Addition	
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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: