

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-14-2003 90066 046 ***150.00

DOCUMENT # J31950

1. Entity Name
JUNCK & WALKER ARCHITECTS/PLANNERS, INC.



Principal Place of Business
**8111 OLD KINGS ROAD S
STE #2A - BLDG #2
JACKSONVILLE FL 32217
US**

Mailing Address
**8111 OLD KINGS ROAD S
STE #2A - BLDG #2
JACKSONVILLE FL 32217
US**



☐ CHECK HERE IF MAKING CHANGES

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 **59-2710956**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BRANT, MORE, SAPP, MACDONALD & WELLS, PA
50 NORTH LAURA STREET, SUITE 3100
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name
BRANT, ABRAHAM, REITER & McCormick, P.A.
Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street
SUITE 2750
City **Jacksonville** FL Zip Code **32202**

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 **Sam D. McCormick, VP**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

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 **DP**
NAME **JUNCK, FORREST A.**
STREET ADDRESS **8111 OLD KINGS ROADS, SUITE 2A, BLDG 2**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

☐ Delete

TITLE **VSD**
NAME **WALKER, CHARLES R.**
STREET ADDRESS **8111 OLD KINGS RD S, SUITE 2-A, BLDG 2**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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☐ Change ☐ Addition

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CR2E034 (10/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORREST A. JUNCK

Date

Daytime Phone #

1/10/03

904-731-4033