

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

002777 AV

DOCUMENT # **J44103**



1. Entity Name
H. A. YEARGIN & ASSOCIATES, P.A.

01-24-2003 90126 045 ***150.00

Principal Place of Business
**707 MILL CREEK RD.
STE. 400
JACKSONVILLE FL 32211
US**

Mailing Address
**707 MILL CREEK RD.
STE. 400
JACKSONVILLE FL 32211
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2748264**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEAD, KOKO
9309 OLD KINGS ROAD SOUTH STE. 4
JACKSONVILLE FL 32259**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	<input type="checkbox"/> Delete
NAME	YEARGIN, DAVID W.	
STREET ADDRESS	5091 KNIGHTSWOOD WAY	
CITY-ST-ZIP	GRANITE BAY CA 95746	
TITLE	PD	<input type="checkbox"/> Delete
NAME	YEARGIN, ALICE A.	
STREET ADDRESS	10123 DEERCREEK CLUB ROAD EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	YEARGIN, H.A. S	
STREET ADDRESS	10123 DEERCREEK CLUB ROAD EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **H. A. YEARGIN** SIGNATURE REQUIRED **YEARGIN** DATE **01-15-03** DAYTIME PHONE # **904-363-2982**

CR2E034 (10/02)