

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90095 025 ***150.00

DOCUMENT # J51358

1. Entity Name

JACKSONVILLE GAMES, INC.



Principal Place of Business

2 E. INDEPENDENT DR

JAX LANDING #170

JACKSONVILLE FL 32202

US

Mailing Address

2 E. INDEPENDENT DR

JAX LANDING #170

JACKSONVILLE FL 32202

US

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

59-2802930

Applied For

Not Applicable

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

STOECKLEIN, RICHARD W.

475 S 1ST ST., #701

JACKSONVILLE BEACH FL 32250

Name

RICHARD W. STOECKLEIN

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

400 E. BAY ST. #1011

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PT
STOECKLEIN, RICHARD W.
2 E. INDEPENDENT DR #170
JACKSONVILLE FL 32202

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVS
STOECKLEIN, ELIZABETH B
2 E. INDEPENDENT DR #170
JACKSONVILLE FL 32202

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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 supplementary 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 persons empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD W. STOECKLEIN 1-2-03 904-353-4874

Date

Daytime Phone #

CR2E034 (10/02)