

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90128 029 \*\*\*550.00

0004691 AV

**DOCUMENT # J70386**

1. Entity Name  
**CDL OF JACKSONVILLE, INC.**



Principal Place of Business  
**500 SOUTH 3RD ST.  
JACKSONVILLE BCH FL 32250  
US**

Mailing Address  
**500 SOUTH 3RD ST.  
STE 201  
JACKSONVILLE FL 32250  
US**



2. Principal Place of Business

3. Mailing Address

Suite, # **326 Evansdale Rd  
Lake Mary, FL 32746**

**PO Box 950459  
Lake Mary, FL 32795-0459**

☐ CHECK HERE IF MAKING CHANGES

City & State

Zip

4. FEI Number **59-2808933**

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

**DARABI FARZIN  
500 SOTH 3RD ST.  
JACKSONVILLE BCH FL 32250**

Name  
**James Cook**  
Street Address  
**326 Evansdale Rd 46**  
**Lake Mary, FL 32746**  
City  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
NAME **DARABI, FARZIN A.**  
STREET ADDRESS **63 BEACH AVENUE**  
CITY-ST-ZIP **ATLANTIC BCH FL**

TITLE ☐ Change ☒ Addition  
NAME **Chief Executive Officer**  
STREET ADDRESS **James Cook**  
CITY-ST-ZIP **326 Evansdale Rd 46**  
**Lake Mary, FL 32746**

TITLE **STD** ☐ Delete  
NAME **PARTOW, RAMIN**  
STREET ADDRESS **335 ELEVENTH ST.**  
CITY-ST-ZIP **ATLANTIC BCH FL**

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

TITLE ☐ Delete  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)