

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J84912

1. Entity Name

HJW DESIGNS, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90163 001 ***150.00

Principal Place of Business

809 LOMAX STREET
JACKSONVILLE FL 32204

Mailing Address

2027 COURTNEY DRIVE
JACKSONVILLE FL 32208-3017

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

244 WOODY CREEK DRIVE

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

4. FEI Number 59-2851674

Applied For
Not Applicable

Zip

Country

Zip

Country

32082

USA

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

6. Name and Address of Current Registered Agent

WILLIAMS, HASTINGS JR
2027 COURTNEY DRIVE
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name

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

244 WOODY CREEK DRIVE

City

PONTEVEDRA BEACH

FL

Zip Code

32082

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.

SIGNATURE HASTINGS WILLIAMS, JR.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, JACQUELINE P.
CITY-ST-ZIP 809 LOMAX STREET
JACKSONVILLE FL 32204

TITLE ☐ Delete
NAME VP
STREET ADDRESS HASTINGS WILLIAMS, JR.
CITY-ST-ZIP 2027 COURTNEY DRIVE
JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 244 WOODY CREEK DRIVE
STREET ADDRESS
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jacqueline Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(904) 355-7844

Daytime Phone #