## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K64465**

1. Entity Name

TITLE NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Δ	CCCHINTING	TAY	SERVICE	OF	JACKSONVILLE,	INC
н	CCCONTING	IMA	SERVICE	VI.	JUONO CIANIETE	1110

					1						
Principal Plac	e of Business	Street Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Tits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  In a mere of registered agent and late if applicable  (NOTE: Registered Agent signature required when reinstating)  DATE  Satisfy its Intangible after MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Added to Fees  RY G.  COURT STREET ADDRESS  CITY-ST-ZIP  Delete TITLE  Change Addition									
···· N PONCE	DE LEON BLVD	3000 N PONCE DE LEOI	PONCE DE LEON BLVD  BUSTINE FL 32084-8600  A DUO 1 2-13-3  Bustine FL 32084-8600  A DUO 1 2-13-3  Bustine FL 32084-8600  A DUO 1 2-13-3  Bustine FL 32084-8600  A Police For Do Not Write In this SPACE  A Police For Not Applicable  Country  5. Certificate of Status Desired								
=== n ponce de leon blyd == 1		STE 1	STE 1			AUVOTADU					
· AUGUSTINE	FL 32084	ST AUGUSTINE FL 3208	4-8600		DO NOT WRITE IN THIS SPACE  4. FEI Number 59-2933955   Applied For Not Applicable    5. Certificate of Status Desired   \$8.75 Additional Fee Required    7. Name and Address of New Registered Agent    Address (P.O. Box Number is Not Acceptable)  FL Zip Code    or registered agent, or both, in the State of Fiorida.  ###################################						
2. Principal P	Place of Business										
Suite, Apt. #, etc. Suite, Apt. #, etc.					_		DO NOT W	RITE IN THIS :	SPACE		
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City & Stat	e	City & State			4. F	El Number	59-29339	55	<b>⊢</b>		
	<del></del>		<del></del>								
Zip	Country	Zip	Coun	ntry	5. 0	Certificate of	Status Desire	d 🗆			
	6. Name and Address of Cur	rent Registered Agent			7. N	lame and A	ddress of Nev				
				Name			- 4 ·	· · · · · · · · · · · · · · · · · · ·			
GILFI	ILLAN, LARRY G			Street Addre	t Address (P.O. Box Number is Not Acceptable)						
3000	N PONCE DE LEON BLVD							······································			
STE				1							
ST A	UGUSTINE FL 32084			City				FI	Zip Co	de	
				<u> </u>					<u>-                                    </u>		
	Signature, typed or printed hame of registered praction is elligible to satisfy its Intan requirement and elects to do so.	gible FILE NO	W!!! FEE	IS \$150.00		10. Elect		Financing			
•	ria on back)		•			i rust	Fund Contribu	Ition. L	ے Adde	ed to rees	
11.	OFFICERS	AND DIRECTORS	12.		AD	DITIONS/C	HANGES TO C	FFICERS AND	DIRECTO	RS IN 11	
TITLE	DP	☐ Delete	TITL	E					☐ Change	Addition	
NAME	GILFILLAN, LARRY G.										
STREET ADDRESS	2720 HARBOR COURT										
CITY-ST-ZIP	ST. AUGUSTINE FL	□ Outobo							Change	☐ Addition	
TITLE NAME	GILFILLAN, V. SUE	LI Delete	NAM						Change	L_1 / Notified	
STREET ADDRESS	2720 HARBOR COURT		STR	EET ADDRESS							
CITY-ST-ZIP	ST. AUGUSTINE FL		CITY	'-ST-ZIP							
TITLE 🚤	.=	— - · □ Delete	TITL	1		-	٠.	· · ·	Change	Addition	
NAME	Jan Garten Cog		NAM	eet address							
STREET ADDRESS CITY-ST-ZIP	m 1 min			'-ST-ZIP							
		□ Delete	TITL						☐ Change	☐ Addition	
NAME		Lu pelete	NAM	1							
STREET ADDRESS	]		STRI	EET ADDRESS							
CITY-ST-ZIP			CITY	'-ST-ZIP							
TITLE		☐ Delete	TITL						☐ Change	Addition	
NAME			NAM								
STREET ADDRESS				EET ADDRESS (- ST-ZIP							
CITY-ST-ZIP	1		UIII	-U1-4II							

☐ Delete

TITLE

NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

May 24, 2000 8:00 am Secretary of State 05-24-2000 90034 015 \*\*\*150.00

☐ Change

Daytime Phone #

☐ Addition