## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K98223  1. Entity Name REPUBLIC ENG. SERVICE, INC.						Secretary of State 01-30-2002 90021 008 ***150.00			
Principal Plac 770 TALLEYR JACKSONVILL		Mailing Address 770 TALLEYRAND AVE.  JACKSONVILLE FL 32202					n eren elen i	erin den reer	
2. Principal f	Place of Business	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			$\dashv$	DO NOT WRITE IN THIS SPACE			
City & Star	te	City & State			4.	4. FEI Number 50-2057242 Applied For			
Zip Country		Zip Country		ntry	5.	Certificate of Status Desired	8.75 Ad		
	6. Name and Address of Current Re	egistered Agent			7. (	Name and Address of New Registered A	ee Require	ed	
				_Name	مسمحت				
BUSCHMAN, ALBERT E JR 2215 SOUTH 3RD ST				Street Address (P.O. Box Number is Not Acceptable)					
STE 101 JACKSONVILLE BCH FL 32250				City FL Zip Code					
8. The above	named entity submits this statement for t	he purpose of changing its	s register	ed office or regis	tered ag	gent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent and	Alone	r. Danista	ed Agent signature requ		reinstating) DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.		!!! FEE 102 Fee	IS \$150.00 will be \$550.00	)	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11. <sub>4</sub>	OFFICERS AND DI		12.		ΑC	DDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WERNER, WENZEL T. JR. 11904 BETULA ROAD JACKSONVILLE FL	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CONARD, JACK L 11912 BETULA RD	☐ Delete					☐ Change	Addition	
TITLE	JACKSONVILLE FL	Delete	TITL				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	QUATTLEBAUM, RUBY L 11904 BETULA RD JACKSONVILLE FL	C) Delete	NAM STRE		<del> ,, .</del>			7000000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLI	E			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLI NAM STRE				☐ Change	Addition	
13. I hereby of indicated of the cor	on this report or supplemental report is tr	ue and accurate and that i ered to execute this report	r the exe my signa as requi	mption stated in t ture shall have th	e same	119.07(3)(i), Florida Statutes. I further certif legal effect as if made under oath; that I an ida Statutes; and that my name appears in	n an officer	or director	

SIGNATURE: WENZ
SIGNATURE SIGNATURE OF SIGNATURE OF SIGNATURE OF DIRECTOR WENZEL T. WERNER JR. 1/14/02 (904) 354-6007 Daytime Phone # Date