

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90067 002 ***150.00

0457886

DOCUMENT # L59065

1. Entity Name

GUFFORD ENTERPRISES, INC.

Principal Place of Business

10909 ATLANTIC BLVD
1
JACKSONVILLE FL 32225
US

Mailing Address

P. O. BOX 11835
JACKSONVILLE FL 32239
US

920199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10416 New Berlin Rd
 Suite, Apt. #, etc.
PMB 165

3. Mailing Address

10416 New Berlin Rd
 Suite, Apt. #, etc.
PMB 165

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-2995933

Applied For

Not Applicable

Zip

32226

Country

USA

Zip

32226

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUFFORD, JOSEPH D., JR.
1439 SPINDRIFT CIR., E.
NEPTUNE BCH. FL 32266

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 **PDC** ☒ Delete
 NAME **GUFFORD, JOSEPH D., JR.**
 STREET ADDRESS **14241 CRYSTAL COVE DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDC** ☒ Change ☐ Addition
 NAME **Gufford, Joseph D Jr.**
 STREET ADDRESS **13966 Sound Overlook Dr N**
 CITY-ST-ZIP **Jacksonville FL 32224**

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

TITLE ☐ Change ☐ Addition
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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 904/714/0700

Date

Daytime Phone #

CR2E034 (10/00)