

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90211 031 ***150.00

DOCUMENT # **L86951**

1. Entity Name
R.A. FOX ENTERPRISES, INC.



Principal Place of Business
**4417 BEACH BLVD
202
JACKSONVILLE FL 32207**

Mailing Address
**1728 LESLIE COURT
FERNANDINA BEACH FL 32304**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4417 BEACH BLVD

3. Mailing Address

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.

City & State
JACKSONVILLE FL

City & State

4. FEI Number **59-3019909**

Applied For
Not Applicable

Zip **32207** Country **FLORIDA**

Zip Country

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

**FOX, ROBERT A
4417 BEACH BLVD.
#202
JACKSONVILLE FL 32207**

Name **FOX, ROBERT A.**
Street Address (P.O. Box Number is Not Acceptable)
**4417 BEACH BLVD.
103**
City **JACKSONVILLE** FL Zip Code **32207**

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 *Robert A. Fox President* DATE 2/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FOX, ROBERT ALAN	4417 BEACH BLVD. #202	JACKSONVILLE FL 32207	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	FOX, ROBERT ALAN	4417 BEACH BLVD # 103	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert Alan Fox President* Date 2/11/03 Daytime Phone # (904) 222-2730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034 (10/02)