

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-09-2002 90015 006 ****61.25

DOCUMENT # N00000003790

1. Entity Name

THE NORTHEAST QUADRANT PROPERTY OWNERS' ASSOCIAT
 ION, INC.

Principal Place of Business

Mailing Address

ROGERS TOWERS BAILEY ET AL
 1301 RIVERPLACE BLVD #1500
 JACKSONVILLE FL 32207

ROGERS TOWERS BAILEY ET AL
 1301 RIVERPLACE BLVD #1500
 JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

CRANFORD, CHARLES L ESO
 1301 RIVERPLACE BLVD #1500
 JACKSONVILLE FL 32207

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPSD
 NAME SKINNER, A C III ☐ Delete
 STREET ADDRESS 8320 ST AUGUSTINE RD SUITE 5-A
 CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2963 Dupont Avenue, Suite 2
 CITY-ST-ZIP Jacksonville, FL 32217

TITLE VPD
 NAME SKINNER, C. BRIGHTMAN JR ☐ Delete
 STREET ADDRESS 78 SAN JUAN DRIVE
 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE VPD
 NAME JONES, DAVID ☐ Delete
 STREET ADDRESS 46000 MANEKIN PLAZA
 CITY-ST-ZIP STERLING VA 20168

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like or power.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 05-08-2002
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 02-0591635
FORM: SS-4
0134546985 B

Attachment 92224

NORTHEAST QUADRANT PROPERTY OWNERS
ASSOCIATION INC
2963 DUPONT AVE STE 2
JACKSONVILLE FL 32217

W00000003790

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 02-0591635. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 1120H

05/03/2002

The due date of your return has passed and we have no record of receiving it. Please file your form by 05-23-2002. The penalties and interest will accrue from the date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.

RECEIVED
JUN 4 2002

Robert O. Mickler

06/04/2002 14:13

9847315272

SKINNER BROS REALTY

PAGE 03

(IRS USE ONLY)

575A 020591635

05-08-2002 NORT B 0134546985 SS-4

Attachment

92224

#10000003790

Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

Please use the label IRS provided when filing tax documents. Use FTD coupons when making FTD payments. If that isn't possible, use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

NORTHEAST QUADRANT PROPERTY OWNERS
ASSOCIATION INC
2963 DUPONT AVE STE 2
JACKSONVILLE FL 32217

If this information isn't correct, please correct it using the bottom part of this notice. Return it to the address shown so we can correct your account.

Note: If you change your corporation to a S corporation, you must file Form 2553, Election by a Small Business Corporation.

Note: If you change your business to a corporation, you may need to file Form 8832, Entity Classification Election. See the form's instructions to determine if you're required to file.

Keep this part for your records.

CP 575 A (Rev. 1-2001)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0134546985

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 05-08-2002
EMPLOYER IDENTIFICATION NUMBER: 02-0591635
FORM: SS-4

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

NORTHEAST QUADRANT PROPERTY OWNERS
ASSOCIATION INC
2963 DUPONT AVE STE 2
JACKSONVILLE FL 32217