

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000001103

1. Entity Name

ST. JAMES COMMUNITY SERVICES CORPORATION

FILED
Aug 11, 2002 8:00 am
Secretary of State

05-28-2002 91736 032 ****61.25

0015011

Principal Place of Business

2315 5 AVE DRIVE EAST
PALMETTO FL 34221

Mailing Address

2315 5 AVE DRIVE EAST
PALMETTO FL 34221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

05-1130014

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SANDERS, J C
2315 5TH AVE DR EAST
PALMETTO FL 34221

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SANDERS, JC	2315 5 AVE DRIVE EAST	PALMETTO FL 34221	<input type="checkbox"/>
VD	RICHARDSON, JOHNNY	2315 5 AVE DRIVE EAST	PALMETTO FL 34221	<input type="checkbox"/>
T	RICHARDSON, BETTYE JEAN	2315 5 AVE DRIVE EAST	PALMETTO FL 34221	<input type="checkbox"/>
SD	BODDEN, LAWANDA	2315 5 AVE DRIVE EAST	PALMETTO FL 34221	<input type="checkbox"/>
DAC	DAWES, APRIL	2315 5 AVE DRIVE EAST	PALMETTO FL 34221	<input type="checkbox"/>
DAP	BROWN, JOSEPH	2315 5 AVE DRIVE EAST	PALMETTO FL 34221	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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 617, 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:

J.C. Sanders 7/23/02 7274926317

CR2E037 (4/02)

8-8-02

Attachment

41227
101000001103

We had previously mailed our Report to you. At the time of the report, we did not include our Federal Identification number but forwarded the renewal fee.

This report reflects the information which was incomplete (I.D. # 65-1130014. Thank you for your co-operation

