

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003148

1. Entity Name

PHASES OF LIFE OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

12743 CAMELLIA BAY DR. E.
JACKSONVILLE FL 32223

12743 CAMELLIA BAY DR. E.
JACKSONVILLE FL 32223

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

03-0424078

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

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 D
NAME MOORE, ANTHONY
STREET ADDRESS 12743 CAMELLIA BAY DR. E.
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

TITLE D
NAME MOORE, LISA
STREET ADDRESS 12743 Camellia Bay Dr. E.
CITY-ST-ZIP Jacksonville, FL 32223 ☐ Change ☒ Addition

TITLE D
NAME DANIELS, DARRYL
STREET ADDRESS 3559 BARELL SPRINGS RD.
CITY-ST-ZIP JACKSONVILLE FL 32073 ☐ Delete

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

TITLE D
NAME LOCKLEY, KIM
STREET ADDRESS 11494 DAYTONA LN. W.
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Anthony Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-02 (904) 292-9275

CR2E037 (9/01)

0060154

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90053 012 ****61.25



DO NOT WRITE IN THIS SPACE