

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90313 014 ****61.25

DOCUMENT # N01000003148

1. Entity Name
PHASES OF LIFE OF JACKSONVILLE, INC.



Principal Place of Business

**12743 CAMELLIA BAY DR. E.
JACKSONVILLE FL 32223**

Mailing Address

**12743 CAMELLIA BAY DR. E.
JACKSONVILLE FL 32223**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**MOORE, ANTHONY
12743 CAMELLIA BAY DR. E.
JACKSONVILLE FL 32223**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **D** ☐ Delete
NAME **MOORE, LISA**
STREET ADDRESS **12743 CAMELLIA BAY DRIVE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ Delete
NAME **Charles Bennett**
STREET ADDRESS **11536 Collins CRK. Dr.**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Bennett, Charles**
STREET ADDRESS **11536 Collins CRK. Dr.**
CITY-ST-ZIP **Jacksonville, FL 32258**

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 all other like empowered.

SIGNATURE: **REQUIRED**

04-24-03 (904) 306-2104

CR2E037 (10/02)