

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

07-23-2002 90338 036 ****61.25

DOCUMENT # N01000007541

1. Entity Name

A.N.B. OF NORTH FLORIDA, INC.

Principal Place of Business

7850 BLANK DR N
 JACKSONVILLE FL 32244

Mailing Address

7850 BLANK DR N
 JACKSONVILLE FL 32244

40528

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

27-0008318

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WINN, CHERRON C
 7850 BLANK DR N
 JACKSONVILLE FL 32244

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

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

TITLE PD ☐ Delete
 NAME WINN, TERRY President
 STREET ADDRESS 7850 BLANK DR N
 CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE TD ☐ Delete
 NAME BUTLER, VERNITA Treasurer
 STREET ADDRESS RT 2 BOX 776C
 CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE SD ☒ Delete
 NAME COLWELL, JANELL Secretary
 STREET ADDRESS 2117 MONCRIEF RD
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE VD ☐ Delete
 NAME PARKER, WILLIE Vice President
 STREET ADDRESS 3018 E CHRISTOPHER GADSDEN CT
 CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE SD ☒ Delete
 NAME DAVIS, JOYCE L
 STREET ADDRESS 2012 HARTRIGE ST
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☒ Delete
 NAME COVINGTON, NAKTA
 STREET ADDRESS 7850 BLANK DR N
 CITY-ST-ZIP JACKSONVILLE FL 32244

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME LaKeisha Walters Director
 STREET ADDRESS PSC 80 BOX 21372
 CITY-ST-ZIP APO AP 3 96367

TITLE ☐ Change ☒ Addition
 NAME Alpha Smith Director
 STREET ADDRESS 11020 Old Plank Rd
 CITY-ST-ZIP Jacksonville, FL 32220

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

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

TITLE ☐ Change ☐ Addition
 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 all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-777-6556

CR2E037 (9/01)