

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005572

1. Entity Name

BOSOM BUDDIES OF JACKSONVILLE, INC.

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90036 048 \*\*\*\*61.25

Principal Place of Business

1335 WOODWARD AVE  
JACKSONVILLE FL 32207  
US

Mailing Address

1335 WOODWARD AVE  
JACKSONVILLE FL 32207-6312  
US

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

59-3192977

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

DE CORDOVA-HANKS, BOBBI  
1335 WOODWARD AVE  
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 V  
NAME HOWARD, EMMIE  
STREET ADDRESS 3913 OAK ST.  
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

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

TITLE S  
NAME THOMPSON, TERRY  
STREET ADDRESS 7027 FT. CAROLINE HILLS DR.  
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

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

TITLE D  
NAME WALKER, YUBA  
STREET ADDRESS 3933 VALLEY GARDEN DR., W  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

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

TITLE D  
NAME TAYLOR, MARIAN  
STREET ADDRESS 3744 LILLY RD. S.  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

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

TITLE D  
NAME SOLOMON, DOLLIE  
STREET ADDRESS 6549 KINLOCKE DR. E  
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

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

TITLE T  
NAME MURRAY, BRENDA  
STREET ADDRESS 11746 SPARKLEBERRY RD.  
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-00

904/725-6396

CR2E037 (9/99)