

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

FILED
Sep 03, 2003 8:00 am
Secretary of State

09-03-2003 90019 010 ****61.25

0001071

DOCUMENT # N97000003280

1. Entity Name

JACKSONVILLE UNLIMITED, INC.



Principal Place of Business

**4040 MYRA ST.
JACKSONVILLE FL 32205**

Mailing Address

**4040 MYRA ST.
JACKSONVILLE FL 32205**

2. Principal Place of Business

4040 Myra St

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax FL

City & State

Jax FL

Zip

32205

Country

USA

Zip

32205

Country

USA

4. FEI Number **59-3454905**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FERENAZ, DENNIS K
4040 MYRA STREET
JACKSONVILLE FL 32205**

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

Aug 25, 2003

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 ☐ Delete
NAME **D**
STREET ADDRESS **WATERS, KEVIN**
CITY-ST-ZIP **4040 MYRA ST.
JACKSONVILLE FL 32205**

TITLE ☐ Delete
NAME **DCOB**
STREET ADDRESS **CHANDLER, MICHAEL**
CITY-ST-ZIP **590 DUVAL STATION RD
JACKSONVILLE FL 32218**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FISHER, ANSUAN**
CITY-ST-ZIP **2163 478TH ST
JACKSONVILLE FL 32226**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 25, 2003 904-757-3293

Date

Daytime Phone #

CR2E037 (4/03)