

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
 02-06-2002 90051 004 ****70.00

DOCUMENT # N97000005306

1. Entity Name

MAGNOLIA ROW, INC.

Principal Place of Business

Mailing Address

**2762 POST STREET
 JACKSONVILLE FL 32205
 US**

**1178 6TH AVE N
 JACKSONVILLE BEACH FL 32250
 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 **59-3470206**

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

**HUDSON, SANDRA L
 1178 6TH AVE N
 JACKSONVILLE BEACH FL 32250**

Name **Sheryl Sinclair**

Street Address (P.O. Box Number is Not Acceptable)

781 Bonaire Circle

City **Jacksonville Beach FL**

Zip Code **32250**

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 **TD**
 NAME **SINCLAIR, SHERYL**
 STREET ADDRESS **781 BONAIRE CR**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

☐ Delete

TITLE **D**
 NAME **Vicki Fitzpatrick**
 STREET ADDRESS **1178 6th Ave. N**
 CITY-ST-ZIP **JACKSONVILLE BE**

☐ Change ☒ Addition

TITLE **PD**
 NAME **HIGLEY, RITA**
 STREET ADDRESS **12496 ALTRILL RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **HUDSON, SANDRA L**
 STREET ADDRESS **1178 6TH AVE N**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **SD**
 NAME **BOMMARITO, CHERYL**
 STREET ADDRESS **1100 BENGATE#244**
 CITY-ST-ZIP **NEPTUNE BEACH FL 32266**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**
 NAME **DAVIS, JEANNE A**
 STREET ADDRESS **2419 WINTERWOOD CIRCLE E**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DVP**
 NAME **CARSTETTER, MARLENE**
 STREET ADDRESS **6869 BAKERFIELD DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

☐ 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 **Sheryl Sinclair** **Sheryl Sinclair Treasurer 1/19/02 90499226**

CR2E037 (9/01)