## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N99000004912

City-St-Zip:

ST. AUGUSTINE, FL 32095

Entity Name: CITIZENS FOR A SCENIC ST. JOHNS INC.

FILED May 01, 2002 8:00 AM Secretary of State

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Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	A MONICA AVE. STINE, FL 32080			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	A MONICA AVE. STINE, FL 32080			
FEI Number:	: FEI Number Applied For (	) FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		nt: Name and Address o	Name and Address of New Registered Agent:	
ROOKS, WILTON 151 SANTA MONICA AVE. ST. AUGUSTINE, FL 32084			ROOKS, WILTON 151 SANTA MONICA AVE. ST. AUGUSTINE, FL 32080	
	named entity submits this statement for e of Florida.	the purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:			05/01/2002	
Electronic Signature of Registered Ag		d Agent	ent Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) Delete ROOKS, WILTON 151 SANTA MONICA AVE. ST. AUGUSTINE, FL 32080	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( ) Delete SKARR, CLIFF 708 STANDISH DR. ST. AUGUSTINE, FL 32086	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	STD () Delete MARTIN, SACHA 133 COASTAL HOLLOW CIRCLE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: WILTON ROOKS PD 05/01/2002