

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015833

1. Entity Name

C & S INVESTMENTS OF NORTH FLORIDA, INC.

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90026 042 ***150.00

Principal Place of Business

2865 SUTTON ESTATE CIRCLE NORTH
JACKSONVILLE FL 32223

Mailing Address

2865 SUTTON ESTATE CIRCLE NORTH
JACKSONVILLE FL 32223

2. Principal Place of Business

1815 Harbor Island Dr.

3. Mailing Address

1815 Harbor Island Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-3629816

Applied For

Not Applicable

Zip

32003

Country

USA

Zip

32003

Country

USA

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

CHITWOOD, CLAUDIA S

2865 SUTTON ESTATE CIRCLE NORTH
JACKSONVILLE FL 32223

Name

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

1815 Harbor Island Dr.

City

Orange Park

FL

Zip Code

32003

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHITWOOD, CLAUDIA S 2865 SUTTON EST. CIRCLE NORTH JACKSONVILLE FL 32223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, WALLACE S 2105 PARK AVENUE, SUITE 25 ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

3/24/01 904-662-2113

CR2E034 (10/00)