

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90410 037 \*\*\*150.00

0032189 AV

**DOCUMENT # P00000022637**

1. Entity Name

RG ASSOCIATES OF NORTH FLORIDA, INC.



Principal Place of Business

13500 SUTTON PARK DRIVE SOUTH STE.803  
JACKSONVILLE FL 32224

Mailing Address

13500 SUTTON PARK DRIVE SOUTH STE.803  
JACKSONVILLE FL 32224

4745 Sutton Park Ct Ste 202  
Jacksonville FL 32224

← same as

2. Principal Place of Business

4745 Sutton Park Ct Ste 202

3. Mailing Address

← same as

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 202

City & State

Jacksonville, FL

City & State

Zip

32224

Country

US

Zip

Country

4. FEI Number

59-3631080

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CRABTREE, R.R.

8375 DIX ELLIS TRAIL, STE.401

JACKSONVILLE FL 32256

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PST  
NAME GILES, WILLIAM R JR.  
STREET ADDRESS 13500 SUTTON PARK DRIVE, SOUTH, STE.803  
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE VD  
NAME GILES, WILLIAM R JR.  
STREET ADDRESS 13500 SUTTON PARK DRIVE, SOUTH, STE.803  
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 11

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

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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CITY-ST-ZIP

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

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 607, 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

4/10/03

904-219-0475

Date

Daytime Phone #

CR2E034 (10/02)