

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90175 022 \*\*\*150.00

0039894 AV

**DOCUMENT # P00000030794**

**1. Entity Name**  
**EMBASSY REALTY SERVICES INCORPORATED**



**Principal Place of Business**  
**4540 SOUTHSIDE BLVD STE 902-A**  
**JACKSONVILLE FL 32216**

**Mailing Address**  
**9210 CYPRESS GREEN DRIVE**  
**JACKSONVILLE FL 32256**

**2. Principal Place of Business**  
**9210 Cypress Green Drive**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Jacksonville, Florida**

**City & State**

**4. FEI Number**  
**59-3635393**

**Applied For**  
**Not Applicable**

**Zip** **32256** **Country** **Duval**

**Zip** **Country**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**



**6. Name and Address of Current Registered Agent**

**WARD, ROBERT E III**  
**4540 SOUTHSIDE BLVD STE 902-A**  
**JACKSONVILLE FL 32216**

**7. Name and Address of New Registered Agent**

**Name**  
**Robert E. Ward III**

**Street Address (P.O. Box Number is Not Acceptable)**  
**9210 Cypress Green Drive**

**City** **Jacksonville** **FL** **Zip Code** **32256**

**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.**

**Robert E. Ward III**

**January 28, 2003**

**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** **D** ☐ **Delete**  
**NAME** **WARD, ROBERT E III**  
**STREET ADDRESS** **6177 BELLE RIVE COURT**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32256**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ **Delete** ☐ **Addition**  
**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** **P** ☐ **Change** ☒ **Addition**  
**NAME** **Kern, Jeffrey S.**  
**STREET ADDRESS** **8897 Belle Rive Blvd.**  
**CITY-ST-ZIP** **Jacksonville, Florida 32256**

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**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:**

**Robert E. Ward III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 28, 2003**

Date

**(904) 733-4300**

Daytime Phone #

CR2E034 (10/02)