

2001 UNIFORM BUSINESS REPORT

DOCUMENT # **P00000031961**
 1. Entity Name
EMPIRE BUILDERS OF ST. AUGUSTINE, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 25 PM 12:34



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 11750 PHILLIPS HIGHWAY
 JACKSONVILLE FL 32256

Mailing Address
 11750 PHILLIPS HIGHWAY
 JACKSONVILLE FL 32256

2. Principal Place of Business
715 Favor Dykes Rd.
 Suite, Apt. #, etc.

3. Mailing Address
715 Favor Dykes Rd.
 Suite, Apt. #, etc.

City & State
St. Augustine, Fl.
 Zip
32086

Country
U.S.A.

City & State
St. Augustine, Fl.
 Zip
32086

Country
USA

4. FEI Number
59-3654686

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MORRIS, ANDREW W
 11750 PHILLIPS HIGHWAY
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
 Name *Carolyn E. Mathis-Morris*
 Street Address (P.O. Box Numbers Not Acceptable)
715 Favor Dykes Rd.
 City *St. Augustine* FL Zip Code *32086*

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 *Carolyn E. Mathis-Morris* DATE *8-6-01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORRIS, BEECHER W 11750 PHILLIPS HIGHWAY JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRIS, ANDREW W 715 FAVOR DYKES ROAD ST. AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RHODEN, TAMMY G 2900 C.R. 214 ST. AUGUSTINE FL 32084	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres.</i> <i>Carolyn E. Mathis-Morris</i> <i>715 FAVOR DYKES RD.</i> <i>St. Augustine, FL 32086</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004679730--4 -11/14/01--01099--001 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Carolyn E. Mathis-Morris* DATE *8-6-01* DAYTIME PHONE # *904.794.2774*
Signature and typed or printed name of signing officer or director

AV J85907
 CR2E034 (5/01)