

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90250 019 \*\*\*150.00

00233986 AV

**DOCUMENT # P00000053355**



1. Entity Name  
**J. CARTER ENTERPRISES, INC.**

Principal Place of Business  
**2730 COLLEGE STREET  
JACKSONVILLE FL 32205**

Mailing Address  
**2730 COLLEGE STREET  
JACKSONVILLE FL 32205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3651254**

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**

**CARTER, JAMES L  
2730 COLLEGE STREET  
JACKSONVILLE FL 32205**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, JAMES L</b>	
STREET ADDRESS	<b>2730 COLLEGE STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, MARGARET H</b>	
STREET ADDRESS	<b>2730 COLLEGE STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>CARTER, VICKI ANN</b>	
STREET ADDRESS	<b>2370 WINDCHIME DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32224</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James L. Carter* SIGNATURE REQUIRED: **JAMES L. CARTER** 4-22-03 904-384-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)