

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062610

1. Entity Name

ALOHA SIGNS OF JACKSONVILLE, INC.

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90015 010 ***150.00

Principal Place of Business

800 MAYPORT ROAD STE 8
ATLANTIC BEACH FL 32233

Mailing Address

800 MAYPORT ROAD STE 8
ATLANTIC BEACH FL 32233

2. Principal Place of Business

Jacksonville Florida

3. Mailing Address

800 Mayport Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

59-3652659

Applied For

Not Applicable

Zip

32233

Country

USA

Zip

32233

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

HOLWAY, JAMIE P
800 MAYPORT ROAD STE 8
ATLANTIC BEACH FL 32233

Name

JAMIE PAUL HOLWAY

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

901 Ocean Blvd #26

City

Atlantic Beach

FL

Zip Code

32233

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]

Signature of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02-11-01

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 ☐ Delete
NAME *President*
STREET ADDRESS *Jamie Paul Holway*
CITY-ST-ZIP *901 Ocean Blvd #26*
Atlantic Beach, FL 32233

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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]

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-01

Date

Daytime Phone #

CR2E034 (10/00)