

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90307 021 ***150.00

DOCUMENT # P00000062610

1. Entity Name

ALOHA SIGNS OF JACKSONVILLE, INC.

Principal Place of Business

JACKSONVILLE FLORIDA
 800 MAYPORT RD SUITE 8
 ATLANTIC BEACH FL 32233

Mailing Address

800 MAYPORT RD 8
 ATLANTIC BEACH FL 32233

2. Principal Place of Business

Jacksonville Florida

3. Mailing Address

800 Mayport Rd Suite 5

Suite, Apt. #, etc.

800 Mayport Rd Suite 5

Suite, Apt. #, etc.

Atlantic Beach Fl.

City & State

Atlantic Beach FL

City & State

32233 USA

4. FEI Number 59-3652659

Applied For

Not Applicable

Zip

32233

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLWAY, JAMIE P
 901 OCEAN BLVD #26
 ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent

Name: Jamie Holway
 Street Address (P.O. Box Number is Not Acceptable):
 1129 Kings Rd
 Neptune Beach
 City: FL Zip Code: 32266

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

Jamie P. Holway

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

(NOTE: Registered Agent signature required when reinstating)

5-1-02

DATE

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLWAY, JAMIE P	
STREET ADDRESS	901 OCEAN BLVD #26	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Jamie P Holway	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1129 Kings Rd	
CITY-ST-ZIP	Neptune Beach, FL 32266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jamie P. Holway
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

Daytime Phone #

CR2E034 (9/01)