

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063508

1. Entity Name

CERIAH, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90302 050 ***150.00

Principal Place of Business

8535 BAYMEADOWS ROAD STE 3-171
JACKSONVILLE FL 32256

Mailing Address

8535 BAYMEADOWS ROAD STE 3-171
JACKSONVILLE FL 32256

2. Principal Place of Business

1735 Phillips Hwy
Suite, Apt. #, etc.
5-171

3. Mailing Address

1735 Phillips Hwy
Suite, Apt. #, etc.
5-171

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3655691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOUD, JEFFREY D ESQ
8535 BAYMEADOWS ROAD STE 3-171
JACKSONVILLE FL 32256

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.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUSCHLE, CHRISTOPHER A	
STREET ADDRESS	8535 BAYMEADOWS ROAD STE 3-171	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VORWALLER, MARCUS	
STREET ADDRESS	8535 BAYMEADOWS ROAD STE 3-171	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. Michael Wingard	
STREET ADDRESS	1795 Phillips Hwy 5-171	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven T. Clendaniel	
STREET ADDRESS	1735 Phillips Hwy 5-171	
CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy D. Wingard	
STREET ADDRESS	1735 Phillips Hwy 5-171	
CITY-ST-ZIP	Jacksonville FL 32216	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher A. Buschle	
STREET ADDRESS	1735 Phillips Hwy 5-171	
CITY-ST-ZIP	Jacksonville FL 32216	
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:

Christopher A. Buschle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-01

Date

904-386-4444

Daytime Phone #

CR2E034 (10/00)