

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

FILED

03 APR 28 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000064238

1. Entity Name



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6515 Mussells Acres Rd

Suite, Apt. #, etc.

3. Mailing Address  
6515 Mussells Acres Rd

Suite, Apt. #, etc.

**REINSTATEMENT 02-03**  
DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville FL

Zip 32258

Country  
USA

City & State  
Jacksonville FL

Zip 32258

Country  
USA

4. FEI Number  
59-3655453

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Jeffrey J Rehkopf

Street Address (P.O. Box Number is Not Acceptable)  
6515 Mussells Acres Rd

City Jacksonville

FL

Zip Code 32258

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 *Jeffrey J Rehkopf* Jeffrey J Rehkopf, VP

DATE Mar 16, 2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME P  
STREET ADDRESS Rehkopf, Harriet M.  
CITY-ST-ZIP 6515 Mussells Acres Rd  
Jacksonville, FL 32258

TITLE  
NAME  
STREET ADDRESS 600018568916  
CITY-ST-ZIP 05/08/03--01065--032 \*\*900.00

TITLE  
NAME V  
STREET ADDRESS Rehkopf, Jeffrey J  
CITY-ST-ZIP 6515 Mussells Acres Rd  
Jacksonville, FL 32258

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Toni Rehkopf* Toni Rehkopf 3/19/03 904-262-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

*7/4/25*