

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90037 048 ***150.00

0027234 AV

DOCUMENT # P00000071853

1. Entity Name
DIGITAL AMBITIONS, INC.

Principal Place of Business

**7154 RIDGELEN COURT
 JACKSONVILLE FL 32216**

Mailing Address

**7154 RIDGELEN COURT
 JACKSONVILLE FL 32216**

2. Principal Place of Business

813 Mill Pond Ct

Suite, Apt. #, etc.

3. Mailing Address

813 Mill Pond Ct

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32259

Country

US

Zip

32259

Country

US

4. FEI Number

59-3660210

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PATTERSON BOND & LATSHAW PA
 3010 SOUTH THIRD STREET
 JACKSONVILLE FL 32250**

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 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, 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	HARRISON, MARSHALL K	
STREET ADDRESS	10919 HOOFF PRINT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, MATTHEW G	
STREET ADDRESS	7154 RIDGELEN COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BOWERFIND, MICHELLE L	
STREET ADDRESS	3820 MYRTLE STREET	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRISON, CHRISTINE G	
STREET ADDRESS	10919 HOOFF PRINT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harrison, Marshall K	
STREET ADDRESS	813 Mill Pond Ct	
CITY-ST-ZIP	Jacksonville FL 32259	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harrison, Christine G	
STREET ADDRESS	813 Mill Pond Ct	
CITY-ST-ZIP	Jacksonville, FL 32259	
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:

Marshall K. Harrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

DATE

904 287-7848

Daytime Phone #

CR2E034 (9/01)