

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000073033

1. Entity Name
UNDERPAR ENTERPRISES, INC.



Principal Place of Business
**3127 ATLANTIC BLVD.
JACKSONVILLE, FL 32207**

Mailing Address
**3127 ATLANTIC BLVD.
JACKSONVILLE, FL 32207**



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3661990

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, TIMOTHY P
1016 LASALLE STREET
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BERRY, ANTHONY D
STREET ADDRESS 3825 BRAMPTON ISLAND COURT NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE SD
NAME MOORE, J. RICHARD JR
STREET ADDRESS 3427 RANDOLPH STREET
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE TD
NAME RAHAIM, JOHN J II
STREET ADDRESS 8756 ROLLING BROOK LANE
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VD
NAME DEARING, DAVID P
STREET ADDRESS 5124 HARBOR POINT CIRCLE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VD
NAME WATSON, RICHARD C
STREET ADDRESS 887 GROVE BLUFF CIRCLE NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000052101
02/16/04-80078-009 150.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.12.04

Date

904.399.8989

Daytime Phone #