

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

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90376 044 \*\*\*150.00

DOCUMENT # **P00000086870**

1. Entity Name

**JACKSONVILLE LAW & TITLE, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**4540 Southside Boulevard**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**Suite 401**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

Zip

**32216**

Country

**USA**

Zip

Country

4. FEI Number

**59-3690335**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Stephen P. Coleman, Esq.**

Street Address (P.O. Box Number is Not Acceptable)

**4540 Southside Boulevard, Suite 401**

City **Jacksonville**

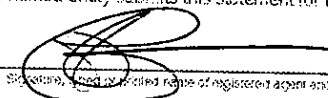
**FL**

Zip Code  
**32216**

**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.

SIGNATURE



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

(NOTE: Registered Agent signature required when reinstating)

**7/24/02**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$51.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

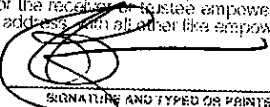
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>President - Stephen P. Coleman, Esq. 4540 Southside Boulevard, Suite 401 Jacksonville, FL 32216</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>Director - Stephen P. Coleman, Esq. 4540 Southside Boulevard, Suite 401 Jacksonville, FL 32216</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Book 11 or on an attachment with an address and all other like empowered.

SIGNATURE:



**Stephen P. Coleman, Esq.**

**7/24/02**

**(904) 996-7844**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CP2E034B (12/01)

Attachment

#P0000086870  
123005

Wednesday, July 24, 2002

Department of State  
Division of Corporations  
Corporate Filings  
409 E. Gaines Street  
Tallahassee, FL 32399

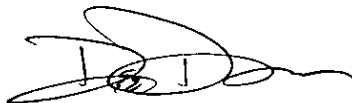
RE: Jacksonville Law & Title, Inc.

Dear Sir:

As advised by a representative within the Annual Report Department I have enclosed a check for \$150.00. In addition to formally requesting that you change the principal address of the aforementioned corporation to 4540 Southside Boulevard, Suite 401, Jacksonville, FL 32216. Regrettably we never received our annual report despite the forwarding of all of our mail from the previous address.

Please do not hesitate to call me if I may be of assistance to you or if you have any questions.

Sincerely,



Dee Davis  
Legal Assistant to  
STEVE COLEMAN, ESQ.

Encl.