

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000092913**

1. Entity Name

DECEMBER 5TH CORPORATION**FILED**
Jun 18, 2001 8:00 am
Secretary of State

05-18-2001 90016 033 ***150.00

Principal Place of Business

9250 BAYMEADOWS ROAD
SUITE 220
JACKSONVILLE FL 32256

Mailing Address

9250 BAYMEADOWS ROAD
SUITE 220
JACKSONVILLE FL 32256

2. Principal Place of Business

10543 ARROWHEAD CT.

Suite, Apt. #, etc.

3. Mailing Address

10543 ARROWHEAD CT.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-368125Z

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32257

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202**

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

4/28/019. 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 **PRESIDENT & CHAIRMAN** ☐ Delete
NAME **CLEVE B. WARREN**
STREET ADDRESS **10543 ARROWHEAD CT.**
CITY-ST-ZIP **JAX, FL 32257**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **VP
ELIA A. WARREN**
STREET ADDRESS **10543 ARROWHEAD CT.**
CITY-ST-ZIP **JAX, FL 32257**TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **ERRIKA WARREN-MALLET**
CITY-ST-ZIP **9407 ROSE SPRINGS CT.
HOUSTON, TX 77040**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01 (904) 354-7500
Date Daytime Phone #

CR2E034 (10/00)