## 2002 Uniform Business Report (UBR)

## Apr 07, 2002 8:00 am P00000096387 DOCUMENT # Secretary of State 1. Entity Name REFLECTIONS CONSTRUCTION COMPANY, INC. 04-07-2002 90070 024 \*\*\*150.00 Principal Place of Business Mailing Address 1126 S. EDGEWOOD AVE. 1126 S. EDGEWOOD AVE. JACKSONVILLE FL 32205 JACKSONVILLE FL 32205 2. Principal Place of Business 3. Mailing Address 23 N. San Pablo Cir P.O. Box 27083 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3676980 Jacksonville Beach Fl. Jacksonville, Florida Not Applicable Zip 🖭 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32250 Duval Fee Required 32205-0083 Duval 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEEDON, GERALD W ESQ. Street Address (P.O. Box Number is Not Acceptable) 1200 RIVERPLACE BLVD. JACKSONVILLE FL 32207 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition CHACK, LARRY C SR NAME NAME 1126 S. EDGEWOOD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP ☐ Change ☐ Addition TITLE K Delete TITLE SHAY, WILLIAM B NAME NAME STREET ADDRESS STREET ADDRESS 1126 S. EDGEWOOD AVE. CITY-ST-ZIP JACKSONVILLE FL 32205 CITY-ST-ZIP President 1100% TITLE Addition TITLE ☐ Delete ☐ Change NAME NAME DAVIS, JOHNNY L Larry C. Chack Jr. STREET ADDRESS STREET ADDRESS 8413 ODEN AVE 9049 Marlee Road CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 Jacksonville, Florida 32222 ☐ Delete TITLE Vice President ☐ Change ☐ Addition TITLE 0% NAME ELSWICK, HAROLD G JR NAME Stephen:Wineyard STREET ADDRESS 2857 RIPLEY AVE STREET ADDRESS 14019 Beach Blvd. #899 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 <u>Jacksonville, Florida</u> 32211 Secretary ☐ Delete TITLE ☐ Change ☐ Addition 08 NAME Norberto Acevedo STREET ADDRESS STREET ADDRESS 3530 Corby Street CITY-ST-ZIP CITY-ST-ZIP Jacksonville, Florida <del>32205</del> TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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: Zav

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

904.568.4226

CR2E034 (9/01)