

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90825 018 ***150.00

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1. Entity Name
AVALON OF DEERWOOD, INC.



Principal Place of Business
9899-6 OLD BAYMEADOWS RD.
JACKSONVILLE FL 32256

Mailing Address
9899-6 OLD BAYMEADOWS RD.
JACKSONVILLE FL 32256

2. Principal Place of Business

9866 Baymeadows Rd
Suite 1

3. Mailing Address

9866 Baymeadows Rd
Suite 1

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip Country
32256 Duval

Zip Country
32256 Duval



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3674192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, DEBRA
2711 PARENTAL HOME RD.
JACKSONVILLE FL 32216

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARTER, DEBRA
STREET ADDRESS 2711 PARENTAL HOME RD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPD
NAME BROPHY, MICHELLE
STREET ADDRESS 9899-6 OLD BAYMEADOWS RD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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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: DEBORAH D. CARTER, PRES 4/25/03 (904) 642-3389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)