

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90127 040 ***150.00

DOCUMENT # P00000104179

1. Entity Name

JULIAN OFFICE CENTER, INC.

Principal Place of Business

1900 PALM BAY ROAD
 SUITE D
 PALM BAY FL 32905

Mailing Address

1900 PALM BAY ROAD
 SUITE D
 PALM BAY FL 32905

727412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2191 Julian Ave
 Suite, Apt. #, etc.
Suite 2

3. Mailing Address

2191 Julian Ave
 Suite, Apt. #, etc.
Suite 2

City & State

Palm Bay, FL 32905

City & State

Palm Bay FL

4. FEI Number

59-3684769

Applied For

Not Applicable

Zip

32905

Country

USA

Zip

32905

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REILLY, JOSEPH F
1900 PALM BAY ROAD
SUITE D
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

Joseph F Reilly

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

2191 Julian Ave #2

City

Palm Bay

FL

Zip Code

32905

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

Joseph F Reilly

02/21/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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 **D** ☐ Delete
 NAME **REILLY, JOSEPH F**
 STREET ADDRESS **1900 PALM BAY ROAD SUITE D**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D** ☐ Delete
 NAME **COLLINS, EUGENE J JR.**
 STREET ADDRESS **5275 BABCOCK ST NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2191 Julian Ave #2**
 CITY-ST-ZIP **Palm Bay FL 32905**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2191 Julian Ave #2**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

Joseph F Reilly **2-21-01** **321.952.8385**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0078138

CR2E034 (10/00)