

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90028 035 ***150.00

0037304 AV

DOCUMENT # P00000117314

1. Entity Name
STEVEN VOCKELL & ASSOCIATES, INC.

Principal Place of Business 9140 GOLFSIDE DR. SUITE #12 NORTH JACKSONVILLE FL 32256	Mailing Address 9140 GOLFSIDE DR. SUITE #12 NORTH JACKSONVILLE FL 32256
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2. Principal Place of Business 9140 Golfside Drive	3. Mailing Address 9140 Golfside Drive
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Suite, Apt. #, etc. #13N	Suite, Apt. #, etc. #13N
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City & State Jacksonville FL	City & State Jacksonville FL
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Zip 32256	Country USA	Zip 32256	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3681904	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

VOCKELL, STEVEN T
7848 LINKSIDE DR
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name **Steven T. Vockell**
 Street Address (P.O. Box Number is Not Acceptable)
8408 Brierwood Road
 City **Jacksonville** FL Zip Code **32217**

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 DATE **4-18-02**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D VOCKELL, STEVEN T 7848 LINKSIDE DR JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	owner Vockell, Steven T. 8408 Brierwood Road Jacksonville FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 copies like empowered.

SIGNATURE: **Steven T. Vockell** DATE **4-18-02** DAYTIME PHONE # **904-737-5251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E094 (9/01)