

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90006 030 ***150.00

DOCUMENT # P01000000815

1. Entity Name

HINSON & ASSOCIATES OF JACKSONVILLE, INC.

Principal Place of Business

**12354 YORK HARBOR DR.
 JACKSONVILLE FL 32225**

Mailing Address

**12354 YORK HARBOR DR.
 JACKSONVILLE FL 32225**

2. Principal Place of Business

3. Mailing Address

12354 YORK HARBOR DRIVE

12354 YORK HARBOR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32225

Country

USA

Zip

32225

Country

USA

4. FEI Number

59-3689287

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HINSON, DOUGLAS
 12354 YORK HARBOR DR.
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name
DOUGLAS HINSON

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

12354 YORK HARBOR DRIVE

City

JACKSONVILLE

FL

Zip Code

32225

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

4/23/2002

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 **PSTD** ☐ Delete
 NAME **HINSON, DOUGLAS**
 STREET ADDRESS **12354 YORK HARBOR DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **VD** ☐ Delete
 NAME **HINSON, MISTY**
 STREET ADDRESS **12354 YORK HARBOR DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/2002

904-220-1998

CR2E034 (9/01)