

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

0022709 AV

DOCUMENT # P01000005199

1. Entity Name
NORTHFIELD PROPERTIES, INC.



04-21-2003 90311 029 ***150.00

Principal Place of Business
**1375 W CHURCH STREET
JACKSONVILLE FL 32204**

Mailing Address
**1375 W CHURCH STREET
JACKSONVILLE FL 32204**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3691740**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILKINSON, EDGAR L
1375 W CHURCH STREET
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name
EDGAR L. WILKINSON
Street Address (P.O. Box Number is Not Acceptable)
11899 REMSEN ROAD
City
JACKSONVILLE FL Zip Code
32223

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 *Edgar L. Wilkinson* (EDGAR L. WILKINSON) 4/15/03
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	D	<input type="checkbox"/> Delete
NAME	MCLEAN, DONALD R	
STREET ADDRESS	1375 W CHURCH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILKINSON, EDGAR L	
STREET ADDRESS	1375 W CHURCH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'STEEN, HOWARD K	
STREET ADDRESS	3863 TIMUQUANA RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'STEEN, HAROLD S	
STREET ADDRESS	4611 ORTEGA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, T. WAYNE	
STREET ADDRESS	4034 ALHAMBRA DR. W	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	VURUR, GEORGE S	
STREET ADDRESS	11100 SWEETWOOD LANE	
CITY-ST-ZIP	OAKTON VA 22124	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, DONALD R.	
STREET ADDRESS	2676 COVE VIEW DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, EDGAR L	
STREET ADDRESS	11899 REMSEN ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Edgar L. Wilkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(EDGAR L. WILKINSON)

4/15/03 904-268-5068
Date Daytime Phone #

CR2E034 (10/02)