

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000009508

FILED
Jan 10, 2002 8:00 AM
Secretary of State

Entity Name: ST. JOHNS BUILDING CORPORATION

Current Principal Place of Business:

64 EVANS DR. EVAMS DR.
JACKSONVILLE, FL 32250

New Principal Place of Business:

64 EVANS DR.
JACKSONVILLE, FL 32250

Current Mailing Address:

64 EVANS DR. EVAMS DR.
JACKSONVILLE, FL 32250

New Mailing Address:

64 EVANS DR.
JACKSONVILLE, FL 32250

FEI Number: 59-3703130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEFIELD, B. THOMAS
4040 WOODCOCK DR., SUITE 202
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PICKERING, MICHAEL A
Address: 268 CANAL BLVD.
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D () Delete
Name: PICKERING, GARY C
Address: 740 SANDY OAK CT.
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: D () Delete
Name: MEDIS, PAUL L
Address: 64 EVANS DR.
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL L. MEDIS

D

01/10/2002

Electronic Signature of Signing Officer or Director

Date