

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009508

1. Entity Name

ST. JOHNS BUILDING CORPORATION

Principal Place of Business

64 EVANS DR. JACKSONVILLE FL 32250

Mailing Address

64 EVANS DR. JACKSONVILLE FL 32250

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3703130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DELETE

7. Name and Address of New Registered Agent

Name

MICHAEL WALTERS

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

SUITE 2200 BANK OF AMERICA TOWER

50 NORTH LAURA STREET

City

JACKSONVILLE

FL

Zip Code

32202

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

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 PICKERING, MICHAEL A 268 CANAL BLVD. PONTE VEDRA BCH FL 32082 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D PICKERING, GARY C 740 SANDY OAK CT. PONTE VEDRA BCH FL 32082 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
D / P / S MEDIS, PAUL L 64 EVANS DR. JACKSONVILLE FL 32250 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
300006448329-1
-07/16/02-01041-026
*****61.25 *****61.25

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02 (904) 246-1152

Date

Daytime Phone #

AMENDED
\$61.25 FEE

FILED

02 JUL -9 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)