

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90043 045 \*\*\*150.00

0027367  
 AV

**DOCUMENT # P01000022709**  
 1. Entity Name  
**1840 SOUTHSIDE, INC.**

Principal Place of Business      Mailing Address  
**1840 SOUTHSIDE BLVD. SUITE 2B**      **1840 SOUTHSIDE BLVD. SUITE 2B**  
**JACKSONVILLE FL 32216**      **JACKSONVILLE FL 32216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1840 SOUTHSIDE BLVD**      **1840 SOUTHSIDE BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**113**      **113**  
 City & State      City & State  
**JACKSONVILLE FL**      **JACKSONVILLE FL**

4. FEI Number      Applied For  
**593701454**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**BANKS, COLLEEN**  
**3616 EMERSON ST**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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	<input type="checkbox"/> Delete
	<b>D SCHRAGER, WILLIAM</b>	<b>2527 VIBURNUM CT</b>	<b>JACKSONVILLE FL 32246</b>	<input type="checkbox"/>
	<b>D RADTKE DEAN</b>	<b>2801 RACHEAL AVE</b>	<b>FERNANDINA - BCH - FL - 32034</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *William Schrager*      **04-19-02**      **904 553 2901**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)