

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

07-24-2002 90134 041 ***150.00

DOCUMENT # P01000025693

1. Entity Name
JAMES A. METLICKA, INC.

Principal Place of Business
580 BOXWOOD PLACE
ST AUGUSTINE FL 32088

Mailing Address
580 BOXWOOD PLACE
ST AUGUSTINE FL 32088

41612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2775 St. Johns Ave. #4

3. Mailing Address
2775 St. Johns Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Apt. 4

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3703837

Applied For
 Not Applicable

Zip
32205

Country
USA

Zip
32205

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNELL, W HENRY
2200 N PONCE DE LEON BLVD, SUITE 10
ST AUGUSTINE FL 32084

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00.
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**
 NAME **James Metlicka**
 STREET ADDRESS **2775 St Johns #4**
 CITY-ST-ZIP **Jacksonville, FL 32205**

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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)(l), 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:

James Metlicka
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



W. HENRY O'CONNELL

Certified Public Accountant -

2200 N. Ponce de Leon Blvd. Ste 10

St. Augustine, FL 32086

(904) 829-0082 Fax (904) 829-5030 e-mail: taxwho@aug.com

Attachment #
P01000005693

4/6/12

July 16, 2002

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Re: Uniform Business Report for James A Metlicka, Inc.

James A. Metlicka, Inc. sent in the UBR at the appropriate time along with a check for \$150.00. The check was not cleared through the bank, therefore he is sending in a replacement check (#1039). Please record this payment as soon as you receive this letter.

Sincerely,

W. Henry O'Connell, CPA