

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90121 050 ***150.00

DOCUMENT # P01000045985

Entity Name
AMUNA CORPORATION OF JACKSONVILLE

Principal Place of Business
640 SHAWNEE SHORES DR.
JACKSONVILLE FL 32225

Mailing Address
3640 SHAWNEE SHORES DR.
JACKSONVILLE FL 32225



DO NOT WRITE IN THIS SPACE

Principal Place of Business
810 SW Highway 200

3. Mailing Address
3580 E Gulf To Lake Hwy

City & State
Ocala FL

City & State
Inverness FL

4. FEI Number **59-3729860** Applied For
 Not Applicable

Zip
34481

Country
Marion

Zip
34453

Country
Citrus

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

6. Name and Address of Current Registered Agent
SHAH, RASKIN CPA
1069 CHENEY HWY
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent
 Name
Robert J. Eldredge
 Street Address (P.O. Box Number is Not Acceptable)
3580 E Gulf To Lake Hwy
 City
Inverness FL Zip Code
34453

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 **1/30/02**
 Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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 **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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: **2-5-02 (352) 237-6445**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)