

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90123 027 ***150.00

DOCUMENT # *P01000050883*

1. Entity Name
JACKSONVILLE INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>9471 BAYMEADOWS ROAD</i>		3. Mailing Address <i>9471 BAYMEADOWS ROAD</i>	
Suite, Apt. #, etc. <i>Suite 307</i>		Suite, Apt. #, etc. <i>Suite 307</i>	
City & State <i>JACKSONVILLE, FLORIDA</i>		City & State <i>JACKSONVILLE, FLORIDA</i>	
Zip <i>32256</i>	Country <i>U.S.A.</i>	Zip <i>32256</i>	Country <i>U.S.A.</i>

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IN THIS SPACE**

4. FEI Number <i>59-3722506</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name <i>ATTY. JEFF LUDWIG</i>
Street Address (P.O. Box Number is Not Acceptable) <i>5150 Delfort Road, South</i>
City <i>JACKSONVILLE</i>
State FL
Zip Code <i>32256</i>

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <i>PRESIDENT</i>	NAME <i>LLOYD AMOR</i>	TITLE	NAME
STREET ADDRESS <i>3870 MISSION DRIVE - #12</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>JACKSONVILLE, FL 32217</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>SECRETARY - TREASURER</i>	NAME <i>DONITA AMOR</i>	TITLE	NAME
STREET ADDRESS <i>3870 MISSION DRIVE - #12</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>JACKSONVILLE, FL 32217</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lloyd M. Amor* *4-9-02* *904/730-0377*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)