

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90084 014 ***158.75

DOCUMENT # P01000060447

1. Entity Name
ORTEGA PROPERTIES, INC.



Principal Place of Business
**394C MCGIRKS BLVD
JACKSONVILLE FL 32210**

Mailing Address
**PO BOX ORTEGA STATION
JACKSONVILLE FL 32210-0012**

2. Principal Place of Business

1805 Copeland St.

Suite, Apt. #, etc.

3. Mailing Address

1805 Copeland St.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32204

Country

USA

Zip

32204

Country

USA

4. FEI Number

59-3727616

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PURHAM, WILLIAM H JR
3946 MCGIRTS BLVD
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

William H. Parham Jr.

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

1805 Copeland St.

City

Jacksonville

FL

Zip Code

32204

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

1/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VPT** ☐ Delete
NAME **PARHAM, WILLIAM H JR**
STREET ADDRESS **3946 MC GIRTS BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **PS** ☒ Delete
NAME **PARHAM, CHERYL WOOD**
STREET ADDRESS **3946 MC GIRTS BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **VP** ☒ Delete
NAME **PARHAM, W. HAROLD**
STREET ADDRESS **5151 YACHT CLUB RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres., Sec., Treas.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/03

Daytime Phone #

904 384-6260

CR2E034 (10/02)