

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90200 011 ***150.00

DOCUMENT # P01000062494

1. Entity Name
IMPROV JACKSONVILLE, INC.

Principal Place of Business

1527 PALM AVE
JACKSONVILLE FL 32207

Mailing Address

1527 PALM AVE
JACKSONVILLE FL 32207

959140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4446 Hendricks Avenue

3. Mailing Address

4446 Hendricks Avenue

Suite, Apt. #, etc.

#253

Suite, Apt. #, etc.

#253

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3730958

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, EDWARD C

1527 PALM AVE

JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Scott Abrams

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

4446 Hendricks Avenue

#253

City

Jacksonville

FL

Zip Code

32207

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

4/26/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, EDWARD C	
STREET ADDRESS	1527 PALM AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Abrams	
STREET ADDRESS	4446 Hendricks Avenue #253	
CITY-ST-ZIP	Jacksonville, FL	
TITLE	Année Beyle	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4446 Hendricks Avenue #253	
STREET ADDRESS	Jacksonville, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (904) 399-4550

Date

Daytime Phone #

CR2E034 (9/01)