

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90027 007 \*\*\*150.00

**DOCUMENT # P01000066065**

1. Entity Name

**CLARITY JACKSONVILLE, INC.**

Principal Place of Business

8228 OLD PORT CIR N  
 JACKSONVILLE FL 32216

Mailing Address

8228 OLD PORT CIR N  
 JACKSONVILLE FL 32216

2970 Bridlewood Ln.  
 Jacksonville, FL 32257

2970 Bridlewood Ln.  
 Jacksonville, FL 32257

2. Principal Place of Business

2970 Bridlewood Ln.  
 Suite, Apt. #, etc.

3. Mailing Address

2970 Bridlewood Ln.  
 Suite, Apt. #, etc.

Jacksonville, FL

Jacksonville, FL

City & State

City & State

Zip 32257

Country USA

Zip 32257

Country USA

4. FEI Number

59-3734121

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FAULKENBERRY, KEVIN C  
 8228 OLD PORT CIR N  
 JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name: Shannon S. Henderson  
 Street Address (P.O. Box Number is Not Acceptable): 2970 Bridlewood Lane  
 City: Jacksonville FL Zip Code: 32257

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: Shannon S. Henderson, president 2-19-02  
(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 \$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	Shannon S. Henderson	<input type="checkbox"/> Delete
NAME	2970 Bridlewood Lane	President
STREET ADDRESS	Jacksonville, FL 32257	
CITY-ST-ZIP		
TITLE	Kevin C. Faulkenberry	<input type="checkbox"/> Delete
NAME	8228 Old Port Circle N	VP
STREET ADDRESS	Jacksonville, FL 32216	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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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		<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
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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: Shannon S. Henderson, president 2-19-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)