

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

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90906 034 ***150.00

DOCUMENT # **PO1000079103**

1. Entity Name

Square One of Jacksonville, Inc

DO NOT WRITE IN THIS SPACE

674517

2. Principal Place of Business

3626 Pond Ridge Ct E

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3739895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jonah DE PRATTER

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

3626 Pond Ridge Ct E

City

JACKSONVILLE

FL

Zip Code

32223

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/24/02

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>PSTD</i>
NAME	<i>Jonah DE PRATTER</i>
STREET ADDRESS	<i>3626 Pond Ridge Ct E</i>
CITY - ST - ZIP	<i>JACKSONVILLE, FL 32223</i>
TITLE	<i>VD</i>
NAME	<i>OBADIAH DE PRATTER</i>
STREET ADDRESS	<i>10873 Horsetrack DR E</i>
CITY - ST - ZIP	<i>JACKSONVILLE, FL 32257</i>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonah DE PRATTER

Date

5/24/02

Daytime Phone #

904-262-7034

CR2E034B (12/01)