

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080422

1. Entity Name
SILVER JEWELRY DEPOT, INC.

Principal Place of Business
7014 AC SKINNER PKWY STE 290
JACKSONVILLE FL 32256

Mailing Address
7014 AC SKINNER PKWY STE 290
JACKSONVILLE FL 32256

2. Principal Place of Business
8930 WESTERN WAY

3. Mailing Address
8930 WESTERN WAY

Suite, Apt. #, etc.
180

Suite, Apt. #, etc.
180

City & State
JACKSONVILLE

City & State
JACKSONVILLE

Zip FL Country USA

Zip FL Country USA

4. FEI Number
59-3738742

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

7. Name and Address of New Registered Agent

BOYLES, DARRELL E
8837 CANOPY OAKS DR
JACKSONVILLE FL 32250

Name

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

City

FL

Zip Code

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FRANCIS, JAMES D
STREET ADDRESS 4284 MCGIRTS BLVD
CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Delete

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

TITLE VD
NAME RAY, JAMES G
STREET ADDRESS 3809 DUVAL DR
CITY-ST-ZIP JACKSONVILLE BEACH FL 32256 ☐ Delete

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

TITLE ST
NAME BOYLES, DARRELL E
STREET ADDRESS 7014 AC SKINNER PKWY STE 290
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

3/19/02
Date

Daytime Phone #

CR2E034 (9/01)