

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080422

1. Entity Name
SILVER JEWELRY DEPOT, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90411 010 ***150.00

0039349 AV

Principal Place of Business
8930 WESTERN WAY
180
JACKSONVILLE FL

Mailing Address
8930 WESTERN WAY
180
JACKSONVILLE FL 32256



2. Principal Place of Business
8930 Western Way
Suite, Apt. #, etc.
180

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

Zip
32256

Country

Zip

Country

4. FEI Number 59-3738742

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOYLES, DARRELL E
8837 CANOPY OAKS DR
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent
Name Ferguson, Thomas A
Street Address (P.O. Box Number is Not Acceptable)
8930 Western Way
Suite 180
City Jacksonville FL Zip Code 32256

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 Thomas Allen Ferguson Thomas Allen Ferguson 4-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	<input type="checkbox"/> Delete
NAME	PD FRANCIS, JAMES D
STREET ADDRESS	4284 MCGIRTS BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32250
TITLE	<input type="checkbox"/> Delete
NAME	VD RAY, JAMES G
STREET ADDRESS	3809 DUVAL DR
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32256
TITLE	<input checked="" type="checkbox"/> Delete
NAME	ST BOYLES, DARRELL E
STREET ADDRESS	7014 AC SKINNER PKWY STE 290
CITY-ST-ZIP	JACKSONVILLE FL 32256
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	

11. 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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST Ferguson, Thomas A
STREET ADDRESS	8930 Western Way, Suite 180
CITY-ST-ZIP	Jacksonville, FL 32256
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	

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: Thomas Allen Ferguson **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)