


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
3/19/2003-90142-026-\$150.00-\$150.00

032003
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DOCUMENT # P01000088165

1. Entity Name
NORTH FLORIDA TAXI ASSOCIATION, INC.



03 APR 22 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Principal Place of Business
**4455 CONFEDERATE POINT ROAD
JACKSONVILLE FL 32210**

Mailing Address
**4455 CONFEDERATE POINT ROAD
JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **800620425** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEVENS, JOHN
2505 BARRY DRIVE
JACKSONVILLE FL 32208**


7. Name and Address of New Registered Agent

Name **JAMES E. JINRIGHT**

Street Address (P.O. Box Number is Not Acceptable)
4405 CONFEDERATE PT. ROAD 166

City **JACKSONVILLE** FL Zip Code **32210**

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  DATE **2/24/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

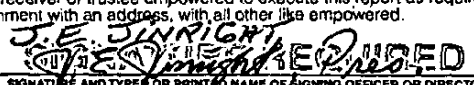
FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00. May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JINRIGHT, JAMES 4455 CONFEDERATE POINT ROAD JACKSONVILLE FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REXFORD, JAMES 14425 MCCLORMICK RD APT 123 JACKSONVILLE FL 32225 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, WILL 4681 KEN KINGHT DR NORTH JACKSONVILLE FL 32209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPRULL, ROBERT JR 8305 HOGAN RD JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, DAVID 436 ACME STREET JACKSONVILLE FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, JOHN 2505 BARRY DR JACKSONVILLE FL 32208 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDWARD WALDEN 8814 YEOMAN DRIVE JACKSONVILLE, FL 32208 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAXINE BERSHIRE 2083 WEYMOUTH CIRCLE E JACKSONVILLE, FL 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT J. MACDONALD 8025 Mc GLOTH LIN ST. JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3/12/03** 904-569-9715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)