

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90372 001 ***300.00

DOCUMENT # P01000107166

1. Entity Name
JACKSONVILLE FUNDING CORPORATION

Principal Place of Business

**4540 SOUTHSIDE BLVD. STE 602
 JACKSONVILLE FL 32216**

Mailing Address

**4540 SOUTHSIDE BLVD. STE 602
 JACKSONVILLE FL 32216**

2. Principal Place of Business

4540 Southside Blvd.

3. Mailing Address

4540 Southside Blvd.

Suite, Apt. #, etc.

Suite 401

Suite, Apt. #, etc.

Suite 401

City & State

Jacksonville

City & State

Jacksonville

Zip

32216

Country

Zip

32216

Country

4. FEI Number

01-0589579

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

WATKINS, ZULEMA

**4540 SOUTHSIDE BLVD, STE 602
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

ZULEMA COLEMAN

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

4540 Southside Blvd.

Suite 401

City

Jacksonville

FL

Zip Code

32216

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

ZULEMA COLEMAN DIRECTOR

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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 **D** ☐ Delete
 NAME **WATKINS, ZULEMA**
 STREET ADDRESS **4540 SOUTHSIDE BLVD, STE 602**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR / SEC. TREAS** ☒ Change ☐ Addition
 NAME **ZULEMA COLEMAN**
 STREET ADDRESS **4540 Southside Blvd. Ste 401**
 CITY-ST-ZIP **Jacksonville FL 32216**

TITLE **DIRECTOR / PRES. DEPT** ☐ Change ☒ Addition
 NAME **STEPHEN P. COLEMAN**
 STREET ADDRESS **4540 Southside Blvd. Suite 401**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN P. COLEMAN

Date

4/30/02

Daytime Phone #

904-996-7844

CR2E034 (9/01)