

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90103 001 ***150.00

UNIFORM AI

DOCUMENT # P01000111111

1. Entity Name

J. KEITH M. SANDS, P. A.

Principal Place of Business

**2054 RIVERSIDE AVE.
SUITE 6401
JACKSONVILLE FL 32204**

Mailing Address

**2054 RIVERSIDE AVE.
SUITE 6401
JACKSONVILLE FL 32204**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6821 SOUTHPOINT DR., N.

Suite, Apt. #, etc.

SUITE 228

City & State

JACKSONVILLE, FL

Zip

32216

Country

FLORIDA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3757227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANDS, J. KEITH M
2054 RIVERSIDE AVE.
SUITE 6401
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

SANDS, J. KEITH M.

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

6821 SOUTHPOINT DR., N.

SUITE 228

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.

(NOTE: Registered Agent signature required when reinstating)

4/8/02

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

TITLE **D, P, S, T** ☐ Delete
NAME **J. KEITH M. SANDS**
STREET ADDRESS **6821 SOUTHPOINT DR., N. SUITE 228**
CITY-ST-ZIP **JACKSONVILLE, FL. 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

J. KEITH M. SANDS, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)