

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-16-2002 90091 023 ***150.00

DOCUMENT # P01000112056

1. Entity Name
COMMERCIAL JACKSONVILLE, INC.

Principal Place of Business
**ONE INDEPENDANT DR STE 1710
 JACKSONVILLE FL 32202**

Mailing Address
**ONE INDEPENDANT DR STE 1710
 JACKSONVILLE FL 32202**

B0138278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3622584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, COLLEEN A ESQUIRE
 2731 MADRID ST
 JACKSONVILLE BCH 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPVS
 WHITE, CHARLES D
 ONE INDEPENDANT DR STE 1710
 JACKSONVILLE FL 32202** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 WHITE, CHARLES D
 ONE INDEPENDANT DR STE 1710
 JACKSONVILLE FL 32202** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPVS
 SCOTT, MARK
 ONE INDEPENDANT DR STE 1710
 JACKSONVILLE FL 32202** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPVS
 Richard J. Toomey
 One Independent Dr. Ste 1710
 Jacksonville, FL 32202** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

CR2E034 (4/02)

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:

Mark T. Scott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 16 2002 (904) 623-2650
 Date Daytime Phone #

COMMERCIAL JACKSONVILLE

1 Independent Drive
Suite 1710
Jacksonville, Florida 32202
Phone (904) 358-2717
Fax (904) 358-3229

Mark Scott
markscott@commjax.com
(904) 633-2650

Chuck White
chuckwhite@commjax.com
(904) 633-2641

September 13, 2002

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Late Filing

To Whom It May Concern:

Attached is the 2002 Uniform Business Report required by the Division of Corporations. I apologize for the delay in your receiving this filing, however, we never received the forms to file for the original due date.

Please accept this filing along with the enclosed check for one hundred-fifty dollars. I appreciate your patience and encourage you to contact me should you have any questions.

Sincerely,



Mark T. Scott
Principal
(904) 633-2650

MTS/sf

A member of the



**CUSHMAN &
WAKEFIELD®**
ALLIANCE

5:53SCOTTAGCDivofCorp.doc
Independently Owned and Operated.

A full commission computed and earned in accordance with the rates and conditions of our agency agreement with our principal, when received from our principal, will be paid to the cooperating broker who consummates a lease which is unconditionally executed and delivered by and between lessor and lessee (a copy of the rates and conditions referred to above is available upon request).