

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90238 046 ***150.00

DOCUMENT # P01000113466

1. Entity Name

June's needful THINGS, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4126 ST. AUGUSTINE RD

3. Mailing Address

4126 ST. AUGUSTINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

04-3589073

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

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

7. Name and Address of Current Registered Agent

Name

MICHEALYN C. ADAMS

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

1125 13th Avenue North

City

JACKSONVILLE BEACH

FL

Zip Code

32250

DO NOT WRITE
IN THIS SPACE

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 date if applicable.

NOTE: Registered Agent signature required when re-appointing.

DATE

Registered Agent

4/24/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P
NAME TERENCE A. SHELTON
STREET ADDRESS 2972 SONGBIRD DRIVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE VP
NAME MARILYN J. SHELTON
STREET ADDRESS 2972 SONGBIRD DRIVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Terence A. Shelton president

4/24/02

904.398-1542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)