

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90167 020 ***150.00

DOCUMENT # P01000121924

1. Entity Name

JAX PIZZA PARTNERS, INC.



Principal Place of Business

1672 TRAFALGAR COURT
ORANGE PARK FL 32003

Mailing Address

1672 TRAFALGAR COURT
ORANGE PARK FL 32003

2. Principal Place of Business

900-10 Dunn Ave.

3. Mailing Address

P.O. Box 23667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32218

Country

USA

Zip

32241-3667

Country

USA

4. FEI Number

26-0006960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPATES, JOSEPH
1672 TRAFALGAR COURT
ORANGE PARK FL 32003

7. Name and Address of New Registered Agent

Name

James Dean Gregory

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

4882 Jaybird Circle North

City

Jacksonville

FL

Zip Code

32257

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

James Dean Gregory
Signature, typed or printed name of registered agent and title if applicable.

James Dean Gregory

(NOTE: Registered Agent signature required when reinstating)

1/24/03

DATE

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 PD
NAME SPATES, JOSEPH
STREET ADDRESS 1672 TRAFALGAR COURT
CITY-ST-ZIP ORANGE PARK FL 32003 ☒ Delete

TITLE VPD
NAME GREGORY, JAMES DEAN
STREET ADDRESS 4882 JAYBIRD CIRCLE NORTH
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PD
NAME James Dean Gregory
STREET ADDRESS 4882 Jaybird Circle North
CITY-ST-ZIP Jacksonville, FL 32257 ☒ Change ☐ Addition

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

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

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

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

James Dean Gregory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 (904)733-7634
Date Daytime Phone #

CR2E034 (10/02)