

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 16 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100015286691

01/03/03--01041--025 **150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # *PO200000928*

1. Entity Name



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5519 Nettie Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

FL 32207

4. FEI Number

371457819

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Olene Lockwood

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

5519 Nettie Rd

City

Jax

FL 32207

FL

Zip Code

32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Olene Lockwood*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *President*
NAME *Olene Lockwood*
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *OL + PL of JAX FL, Inc*
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME *Paul Lockwood*
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *Vice President*
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

SIGNATURE:

Olene Lockwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

Date

Daytime Phone #

CR2E034B (12/02)