

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90283 020 \*\*\*150.00

0154168 FD

**DOCUMENT # P02000012037**

1. Entity Name

**SPECIAL MOMENTS OF NORTH FLORIDA, INC.**



Principal Place of Business

**146 LA PASADA CIRCLE  
JACKSONVILLE FL 32082**

Mailing Address

**146 LA PASADA CIRCLE  
JACKSONVILLE FL 32082**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

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

**HESTER, C. SCOTT ESQ  
13843 LONDS LANDING ROAD EAST  
JACKSONVILLE FL 32225**

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

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D EDDY, BARBARA A**  
STREET ADDRESS **146 LA PASADA CIRCLE**  
CITY-ST-ZIP **JACKSONVILLE FL 32082**

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

TITLE ☐ Delete  
NAME **D EDDY, TODD R**  
STREET ADDRESS **12467 HUNT CLIFF LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 I am empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/03

(904)  
905-6656

Date

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT  
#PO2000012037

August 4, 2003

1011 0980

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

TO WHOM IT MAY CONCERN:

I recently shared this form with my accountant. He said the State should have sent me a form before this one that would have been for \$150.00. I never received one or I would have brought it to his attention.

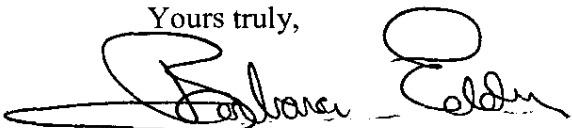
He suggested since I did not receive the first form to go ahead and pay \$150.00.

Attached is my check for \$150.00 to keep Special Moments of North Florida, Inc. name active. I have a full time job so have not been able to focus my attention on this corporation, but hope to do so at some point down the road.

If you have any questions, please don't hesitate to contact me at the address below.

Thank you.

Yours truly,

A handwritten signature in dark ink, appearing to read "Barbara Eddy", with a large, stylized initial "B" and a circular flourish at the end.

Barbara Eddy  
146 La Pasada  
Ponte Vedra Beach, FL 32082