FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92195 028 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90126073

DOCUMENT # P02000022104

1. Entity Name
CHILDERS AND SON, INC.

Principal Place of Business	Mailing Address
~~4607 ELSIE STREET~~ GREEN COVE SPRINGS, FL 32043	~~4607 ELSIE STREET~~ GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business	3. Mailing Address
1762 Oak Grove Dr.	1762 Oak Grove Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs FL	City & State: Green Cove Springs FL
Zip: 32043 Country: America	Zip: 32043 Country: America

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0649702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, TERRANCE A
769 BLANDING BOULEVARD
ORANGE PARK, FL 32086

7. Name and Address of New Registered Agent
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 $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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	Change address ☑ Change ☐ Addition
NAME	CHILDERS, ROY KEITH	NAME	1762 Oak Grove Dr.
STREET ADDRESS	~~4607 ELSIE STREET~~ 1762 Oak Grove Dr	STREET ADDRESS	Green Cove Springs FL 32043
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	CITY-ST-ZIP	
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] Roy K. Childers 4/29/03 904-284-4540 or 904-545-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #