

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90302 026 ***150.00

DOCUMENT # P02000028630

1. Entity Name
C.E.R.T.S. PLUS, INC.



Principal Place of Business
**1561 CORNELL ROAD
JACKSONVILLE, FL 32207**

Mailing Address
**1561 CORNELL ROAD
JACKSONVILLE, FL 32207**

2. Principal Place of Business
1561 CORNELL ROAD
Suite, Apt. #, etc.

3. Mailing Address
1561 CORNELL ROAD
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

4. FEI Number
02-0563758

Applied For
☐ Not Applicable

Zip Country
32207-7701 DUVAL

Zip Country
32207-7701 DUVAL

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

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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 A NEW UBR FEE IS \$150.00
After May 1, 2003 Fee will be \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BINKLEY, PAUL J
67116 BOWDEN ROAD 1561 CORNELL ROAD
JACKSONVILLE, FL 32207 32207**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
GRIFFIN, WILLIAM C JR
67116 BOWDEN ROAD 921 HYANNIS POAT DR.
JACKSONVILLE, FL 32207 32225**

☐ Delete

TITLE
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☐ 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:

Paul J. Binkley
Paul J. Binkley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

904-733-3202
Daytime Phone #

CR2E034 (10/02)