

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90987 038 ***150.00

DOCUMENT # P02000038090

1. Entity Name
RE JACKSONVILLE, INC.



Principal Place of Business
2111 GLENWOOD DRIVE
SUITE 202
WINTER PARK FL 32792

Mailing Address
2111 GLENWOOD DRIVE
SUITE 202
WINTER PARK FL 32792

2. Principal Place of Business
4101 Southpoint Drive East

3. Mailing Address
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

Zip Country
32216 Duval

Zip Country

4. FEI Number
47-0859860

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEERING, LAWRENCE R MR. 200 CORPORATE CENTER DRIVE #360 MOON TOWNSHIP PA 15108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONTE, JOSEPH D MR. 200 CORPORATE CENTER DRIVE #360 MOON TOWNSHIP PA 15108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURCIO, EUGENE R 200 CORPORATE CENTER DRIVE #360 MOON TOWNSHIP PA 15108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C/CEO Deering, Lawrence R. 200 Corporate Center Drive, Suite 360 Moon Township, PA 15108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/COO Conte, Joseph D. 200 Corporate Center Drive Moon Township, PA 15108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Curcio, Eugene R. 200 Corporate Center Drive, Suite 360 Moon Township, PA 15108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Corsetti, Rosemary L. 200 Corporate Center Drive, Suite 360 Moon Township, PA 15108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *SIGNATURE REQUIRED* **Rosemary L. Corsetti**

Date

Daytime Phone #

4/7/03 (412) 269-2400

CR2E034 (10/02)