

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG 28 PM 1:22

DOCUMENT # P02000042585

1. Entity Name
C. PRICE MANAGEMENT, INC.



Principal Place of Business
6299-5 POWERS AVE.
JACKSONVILLE FL 32217

Mailing Address
6299-5 POWERS AVE.
JACKSONVILLE FL 32217

S03135905274
05/01/03 90210 021 \$150.00



2. Principal Place of Business

6260 Dupont Station Ct
Suite 1
Jacksonville, FL
32217

3. Mailing Address

6260 Dupont Station Ct
Suite 1
Jacksonville, FL
32217

☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, FL
32217

City & State

Jacksonville, FL
32217

4. FEI Number

74-3045851

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, CHARLES B
6299-5 POWERS AVE.
JACKSONVILLE FL 32217

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 reappointing)

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
PRICE, CHARLES B
6299-5 POWERS AVE.
JACKSONVILLE FL 32217

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)