

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90360 023 ***150.00

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DOCUMENT # P02000042845

1. Entity Name
J.R. TICKEL, INC.



Principal Place of Business
10100 BAYMEADOWS RD., STE. #1524
JACKSONVILLE FL 32256

Mailing Address
10100 BAYMEADOWS RD., STE. #1524
JACKSONVILLE FL 32256



2. Principal Place of Business
4201 32ND AVE. N.
Suite, Apt. #, etc.

3. Mailing Address
4201 32ND AVE. N.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg, FL.
Zip
33713
Country
USA

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St. Petersburg, FL.
Zip
33713
Country
USA

4. FEI Number
01-0671876
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TICKEL, JAMES R
10100 BAYMEADOWS RD., STE. #1524
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name
TICKEL, James R.
Street Address (P.O. Box Number is Not Acceptable)
4201 32ND AVE. N.
City
St. Petersburg, FL
Zip Code
33713

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 *James R. Tickel*

(NOTE: Registered Agent signature required when reinstating)

3/10/03

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	CEO TICKEL, JAMES R 10100 BAYMEADOWS RD., STE. #1524 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TICKEL, JAMES R 10100 BAYMEADOWS RD., STE. #1524 JACKSONVILLE FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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	CEO TICKEL, James R. 4201 32 ND AVE. N. ST. PETERSBURG, FL. 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TICKEL, JAMES R. 4201 32 ND AVE. N. ST. PETERSBURG, FL. 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James R. Tickel*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 727-528-8557
Date Daytime Phone #

CR2E034 (10/02)