

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90131 032 ***158.75

DOCUMENT # P02000082074

1. Entity Name

GARY E. ECKSTINE, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1315 Live Oak Lane

Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 10092

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
06-1639755

Applied For
Not Applicable

Zip
32207

Country
USA

Zip
32247

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Gary E. Eckstine

Street Address (P.O. Box Number is Not Acceptable)
1315 Live Oak Lane

City Jacksonville, **FL** **Zip Code** 32207

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.

Gary E. Eckstine, Registered Agent

SIGNATURE

Gary E. Eckstine

April 28, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 P/D
NAME Gary E. Eckstine
STREET ADDRESS 1315 Live Oak Lane
CITY-ST-ZIP Jacksonville, Florida 32207

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

Gary E. Eckstine, President

SIGNATURE:

Gary E. Eckstine

April 28, 2003

(904) 398-6517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)