

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-14-2003 90329 027 ***150.00

DOCUMENT # **P02000097265**

1. Entity Name
MARK E TIPPINS, ATTORNEY, P.A.



Principal Place of Business
233 E BAY ST #901 6320 St. Augustine Rd. #11 JACKSONVILLE FL 32202

Mailing Address
233 E BAY ST #901 6320 St. Augustine Rd. JACKSONVILLE FL 32202 32217 #11

55051884

2. Principal Place of Business
6320 St. Augustine Rd #11
Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville

City & State

4. FEI Number
02-0531021

Applied For
Not Applicable

Country
U.S.

Zip
32217

Country

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

TIPPINS, MARK E
233 E BAY ST #901 6320 St. Augustine Ave. JACKSONVILLE FL 32202 JACKSONVILLE FL 32217

Name
MARK E. TIPPINS
Street Address (P.O. Box Number is Not Acceptable)
7015 Salamanga Ave.
City
Jacksonville FL Zip Code
32217

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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
D
NAME
TIPPINS, MARK E
STREET ADDRESS
233 E BAY ST #901 6320 St. Augustine Rd. #11 JACKSONVILLE FL 32202 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-2003 (904) 356-1400
Date Daytime Phone #

CR2E034 (4/03)

Attachment #
MARK E. TIPPINS

ATTORNEY AT LAW
233 E. BAY ST. #901
JACKSONVILLE, FLORIDA 32202
(904) 356-6400

ALSO ADMITTED IN ALABAMA

55051884
#P02000097265
(904) 356-6464 : FAX
E mail : mtippins@bellsouth.net

Florida Dept. Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

July 10, 2003

RE: MARK E. TIPPINS, ATTORNEY, P.A.
Document # P02000097265

To whom it may concern;

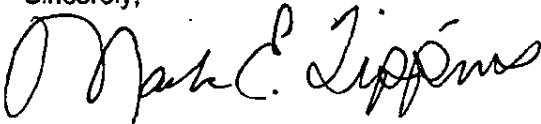
I am officially requesting a waiver of the \$400.00 late penalty for failure to timely file the 2003 For Profit Corporation Uniform Business Report.

Under penalties of perjury, I state that I did not receive a filing form in the mail until after the first day of July sometime. I did not receive one in the early spring as would be normal.

Therefore, I am submitting my request for a waiver. Please find enclosed herewith a check for the \$150.00 plus the filled out form with change of address.

Thank you very much. Have a wonderful day.

Sincerely,



MARK E. TIPPINS