

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91526 004 ***150.00

DOCUMENT # P02000099334

1. Entity Name

PHASE 1 SITE PREP, INC.

* PHASE 1 SITE DEVELOPMENT, INC.



Principal Place of Business
P.O. BOX 8910
FLEMING ISLAND FL 32006

Mailing Address
P.O. BOX 8910
FLEMING ISLAND FL 32006

2. Principal Place of Business

859 Park Avenue

3. Mailing Address

P.O. Box 8910

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106

City & State

Orange Park FL

City & State

Fleming Island, FL

Zip

32073

Country

Clay

Zip

32006

Country

Clay

4. FEI Num 06-1670100

Applied For

Not Applicable

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

HALLOWES, BORDEN R
166 A1A NORTH
PONDE VEDRA BEACH FL 32082

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JONATHAN MARK HULING
PRESIDENT /Middleburg, FL
2252 Felucca Dr 32068

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Borden R. Hallows, VP & Legal
95337 Mackinas Cir
Fernandina Bch, FL 32034 Counsel

☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN MARK HULING
PRESIDENT

4-22

Date

904 541 0851

Daytime Phone #

CR2E034 (10/02)