

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90006 038 ***550.00

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DOCUMENT # P02000099561

1. Entity Name
AVAILABLE MEN, INC.



Principal Place of Business
3617 CROWN POINT RD STE 2
JACKSONVILLE FL 32257

Mailing Address
3617 CROWN POINT RD STE 2
JACKSONVILLE FL 32257

2. Principal Place of Business
5671 110th St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 24668
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip 32244-
Country USA

City & State
Jacksonville, FL
Zip 32241
Country USA

4. FEI Number
14-1869396

Applied For
☐ Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

HERNANDEZ, MEREDITH A
3617 CROWN POINT RD STE 2
JACKSONVILLE FL 32257

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 *Meredith A Hernandez*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/6/03

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 PSD
NAME CLARK, LEWIS J
STREET ADDRESS P.O. BOX 24668
CITY-ST-ZIP JACKSONVILLE FL 32221-4668 ☐ Delete

TITLE TD
NAME RATZLAFF, TERESA
STREET ADDRESS P.O. BOX 24668
CITY-ST-ZIP JACKSONVILLE FL 32221-4668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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. 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 on 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

Date

Daytime Phone #

288-8999

CR2E034 (10/02)