

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90272 048 ***150.00

DOCUMENT # P02000100498

1. Entity Name
ACCENT OF JAX, INC.



Principal Place of Business
**2120 CORPORATE SQUARE BLVD.
10
JACKSONVILLE FL 32216**

Mailing Address
**2120 CORPORATE SQUARE BLVD.
10
JACKSONVILLE FL 32216**

11010000



2. Principal Place of Business
**2120 Corp Sq Blvd
Suite, Apt. #, etc.
#14**

3. Mailing Address
**2120 Corp Sq Blvd
Suite, Apt. #, etc.
#14**

☐ CHECK HERE IF MAKING CHANGES

City & State
Jax. FL 32216

City & State
Jax. FL 32216

4. FEI Number
13-4212907

Applied For
☐ Not Applicable

Zip Country

Zip 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

**TAYLOR, DEBORAH W
3945 ST. JOHNS AVENUE
JACKSONVILLE FL 32205**

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 **P** ☐ Delete
NAME **CABLE, ADINA**
STREET ADDRESS **2120 CORPORATE SQUARE BLVD., SUITE 10**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 Date

904-721-7822 Daytime Phone #

CR2E034 (10/02)