

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90017 003 ***150.00

DOCUMENT # P02000116392

1. Entity Name

JAX REALTY PROS, INC.



Principal Place of Business
9825 SAN JOSE BLVD STE 42
JACKSONVILLE FL 32257

Mailing Address
9825 SAN JOSE BLVD STE 42
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

74-3072496

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

TAYLOR, GLENN A
462 KINGSLEY AVE STE 103
ORANGE PARK FL 32073

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

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
Partner
Rebecca Lewis
2825 Scott Mill Place
Jacksonville, FL 32223-6633

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Partner
Deborah Wallace
1424 Tintern Lane
St. Augustine FL 32092

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Partner
Jerry Glass
428 St. Johns Drive
St. Augustine FL 32092

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Partner
William Brock Abel
2151 Dellwood Ave
Jacksonville, FL 32204

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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☐ Addition

CR2E034 (10/02)

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: Rebecca Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2003 268 7767

Date

Daytime Phone #