

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90061 009 ***150.00

0005687 AV

DOCUMENT # P02000132959

1. Entity Name

JAX FAMILY HOUSING INC.



Principal Place of Business

**3952 HEATH RD
JACKSONVILLE FL 32277**

Mailing Address

**3952 HEATH RD
JACKSONVILLE FL 32277**

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

32-00052297

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

**LOCKLEAR, JOSEPH L
3952 HEATH RD
JACKSONVILLE FL 32277**

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 \$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

TITLE **D** ☐ Delete
NAME **LOCKLEAR, JOSEPH**
STREET ADDRESS **3952 HEATH RD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **SUZETTE M. LOCKLEAR**
STREET ADDRESS **3952 HEATH RD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **D** ☐ Change ☒ Addition
NAME **ADAM J. LOCKLEAR**
STREET ADDRESS **3952 HEATH RD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED
JOSEPH L. LOCKLEAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-03 (904) 744-8118

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80146242
PO2000132959

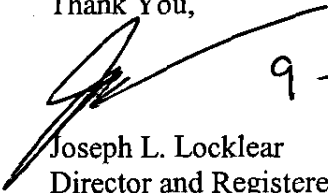
To: Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

From: Jax Family Housing Inc.
Joseph L. Locklear, Registered Agent, Director
3952 Heath Rd.
Jacksonville, Fl. 32277

Re: UBR filing

This letter is to certify that the application as attached is the first notification of the requirement to file a UBC that I have received. Please waive the \$400 penalty. I am attaching the report along with a check for \$150.00.

Thank You,



9-07-03

Joseph L. Locklear
Director and Registered Agent