

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 020 ***150.00

DOCUMENT # P04000121116
1. Entity Name

C J AFFILIATES INC.

40016357

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3977 CORDOVA AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State

4. FEI Number
06-1731702

Applied For
Not Applicable

Zip Country
32207 USA

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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 GINA M COYLE GINA M COYLE, PRESIDENT 3/9/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1. - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11.

TITLE NAME
PRESIDENT
GINA M COYLE
STREET ADDRESS
3977 CORDOVA AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
VICE PRESIDENT
NICOLE D JERRELL
STREET ADDRESS
14518 MILLHOPPER ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: GINA M COYLE GINA M COYLE 3/9/2006 (904) 703-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #