

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90223 020 \*\*\*150.00

356731



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P93000005488**

**1. Entity Name**  
**FIRST SOUTH SERVICES, INC.**

**Principal Place of Business**

**11100 SAN JOSE BLVD  
 JACKSONVILLE FL 32223**

**Mailing Address**

**11100 SAN JOSE BLVD  
 JACKSONVILLE FL 32223**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-3209612**

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**

**WELLS, CLYDE N JR  
 11100 SAN JOSE BLVD  
 JACKSONVILLE FL 32223**

**Name**  
**AVERY, JOHN T.**

**Street Address (P.O. Box Number is Not Acceptable)**  
**11100 SAN JOSE BOULEVARD**

**P. O. BOX 56530**

**City**  
**JACKSONVILLE**

**FL**

**Zip Code**  
**32223**

**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)**

☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing  
 Trust Fund Contribution.**

☐

**\$5.00 May Be  
 Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ Delete  
**NAME** **JENNINGS, JUDITH**  
**STREET ADDRESS** **2120 WHITE WING DOVE PLACE**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32259**

**TITLE** **P/D** ☐ Change ☒ Addition  
**NAME** **AVERY, JOHN T.**  
**STREET ADDRESS** **4066 LAZY HOLLOW LANE**  
**CITY-ST-ZIP** **JACKSONVILLE, FL 32257**

**TITLE** **DS** ☒ Delete  
**NAME** **WELLS, CLYDE N JR**  
**STREET ADDRESS** **5032 ORTEGA FOREST DR**  
**CITY-ST-ZIP** **JACKSONVILLE FL**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **HOYT, CHRISTOPHER**  
**STREET ADDRESS** **4816 YACHT CLUB ROAD**  
**CITY-ST-ZIP** **JACKSONVILLE, FL 32210**

**TITLE** **DT** ☒ Delete  
**NAME** **ALTERS, TIMOTHY D**  
**STREET ADDRESS** **2020 VELA NORTE CIR**  
**CITY-ST-ZIP** **ATLANTIC BEACH FL 32233**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **WELLS, ALFRED W., JR.**  
**STREET ADDRESS** **4234 LAKESIDE DRIVE**  
**CITY-ST-ZIP** **JACKSONVILLE, FL 32210**

**TITLE** **D** ☐ Delete  
**NAME** **WELLS, MOSS S**  
**STREET ADDRESS** **3122-7 LEON RD**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32246**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **WHEELER, R. LAMAR, JR.**  
**STREET ADDRESS** **13842 SPARTANBURG COURT**  
**CITY-ST-ZIP** **JACKSONVILLE, FL 32223**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **John T. Avery**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02**

**904 262-1000**

Date

Daytime Phone #

CR2E034 (9/01)