

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019964

1. Entity Name

SENTRY BUILDING, INC.

Principal Place of Business

1500 ROBERTS DR
UNIT 1605
JACKSONVILLE FL 32250
US

Mailing Address

1500 ROBERTS DR
UNIT 1605
JACKSONVILLE FL 32250-3222
US

2. Principal Place of Business

11330-3 ST JOHNS IND PKWY

Suite, Apt. #, etc.

3. Mailing Address

11330-3 ST JOHNS IND PKWY

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3170893

Applied For

Not Applicable

Zip

32246

Country

DUVAL

Zip

32246

Country

DUVAL

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

MADSEN, JANICE M.
3508 CARDINAL PT DR
JACKSONVILLE FL 32257

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.

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, 2000 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
NAME EDWARDS, DAVID L
STREET ADDRESS 1500 ROBERTS AVENUE
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE D
NAME EDWARDS, DAVID L
STREET ADDRESS 11330-3 ST JOHNS IND PKWY
CITY-ST-ZIP JAX FL 32246

☒ Change ☐ Addition

TITLE VP
NAME ANN PINCHERA
STREET ADDRESS 1500 ROBERTS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

☐ Delete

TITLE VP
NAME ANN PINCHERA
STREET ADDRESS 11330-3 ST JOHNS IND PKWY
CITY-ST-ZIP JAX FL 32246

☒ Change ☐ Addition

TITLE VP
NAME JANICE MADSEN
STREET ADDRESS 1500 ROBERTS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

☐ Delete

TITLE VP
NAME JANICE MADSEN
STREET ADDRESS 11330-3 ST JOHNS IND PKWY
CITY-ST-ZIP JAX FL 32246

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

904-997-1982

Daytime Phone #

CR2E034 (9/99)