

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90074 039 \*\*\*150.00

**DOCUMENT # P93000032873**

1. Entity Name

**TRANSFER/RELOCATION CONSULTANTS, INC.**



Principal Place of Business

**9471 BAYMEADOWS RD.  
SUITE 302  
JACKSONVILLE FL 32256**

Mailing Address

**5099 ATLANTIC VIEW  
ST AUGUSTINE FL 32080**

2. Principal Place of Business

3. Mailing Address

**5099 ATLANTIC VIEW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Augustine, Florida**

City & State

Zip

**32080**

Country

**St Johns**

Zip

Country

4. FEI Number

**59-3320522**

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

7. Name and Address of New Registered Agent

**BLOODWORTH, WILLIAM J  
5099 ATLANTIC VIEW  
ST AUGUSTINE FL 32080**

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	<b>P BLOODWORTH, WILLIAM J 5099 ATLANTIC VIEW ST AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S BLOODWORTH, NANCY P 5099 ATLANTIC VIEW ST AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/2003**

Date

Daytime Phone #

**904-737-1965**

CR2E034 (10/02)