

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
 02-27-2002 90028 048 ***150.00

DOCUMENT # P93000046976

1. Entity Name
RALPH HUMPHRIES, P.A.

Principal Place of Business

**6015 CHESTER CIRCLE
 SUITE 210
 JACKSONVILLE FL 32217
 US**

Mailing Address

**6015 CHESTER CIRCLE
 SUITE 210
 JACKSONVILLE FL 32217
 US**



2. Principal Place of Business

**2700-C University Blvd
 Suite, Apt. #, etc. West**

3. Mailing Address

**2700-C University Blvd W
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3184220

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

32217

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

HUMPHRIES, RALPH

~~**6015 CHESTER CIRCLE SUITE 210**~~

STE 2 2700-C University Blvd W.

JACKSONVILLE FL 32217

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.

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

TITLE **D** ☐ Delete
 NAME **HUMPHRIES, RALPH**
 STREET ADDRESS **2700-C University**
 CITY-ST-ZIP **6015 CHESTER CIRCLE SUITE 210
 JACKSONVILLE FL 32217 Blvd W.**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Ralph Humphries
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-02

Date

904 737-3737

Daytime Phone #

CR2E034 (9/01)