FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

DOCUMENT # P93000047626 1. Entity Name JOSEPH M. JOSEPH ASSOCIATES, INC.					Feb 15, 2002 8:00 am Secretary of State 02-15-2002 90008 036 ***150.00			
Principal Place of Business 4241 BAYMEADOWS ROAD SUITE 5 JACKSONVILLE FL 32217 US 2. Principal Place of Business		Mailing Address 4241 BAYMEADOWS ROAD SUITE:5 JACKSONVILLE FL 32217 US 3. Mailing Address						
Suite, Apt. #, etc.								
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	4. FEI Number 59-3190843 Applied For Not Applicable			
Zip	Country	Zip	Country	5.		\$8.75 Add		
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Registered A			
			Name	Name				
Freedman, Norman P. 525 North Newnan Street			Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
JACKSON	WILLE FL 32202		City		FL Zip Code			
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 Sta						
11,	OFFICERS AND D		12.	ΑC	DDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph, Joseph M 4241 Baymeadows Road, Suite Jacksonville FL 32217	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hare, Pamela J. 4241 Baymeadows Road, Suite Jacksonville Fl 32217	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition 6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street Adoress City-St-Zip	aid	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated	on this report or supplemental report is tr	ue and accurate and that my	sionature shall have.	the same l	119.07(3)(i), Florida Statutes. I further certii legal effect as if made under oath; that I ar da Statutes; and that my name appears in	n an officer i	or director	