

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90019 006 ***150.00

DOCUMENT # P93000069270

1. Entity Name
STOCKTON SAFARIS, INC.

Principal Place of Business

PONTE VEDRA BEACH
#702
PONTE VEDRA BEACH FL 32004
US

Mailing Address

P.O. BOX 1069
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

PONTE VEDRA BEACH
Suite, Apt. #, etc.
208

3. Mailing Address

P.O. Box 1069
Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH

City & State

PONTE VEDRA BEACH.

Zip

32082

Country

USA - ST Johns

Zip

32004

Country

USA

4. FEI Number

59-3192756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

STOCKTON, JAMES R JR
208 PONTE VEDRA PARK DRIVE
PONTE VEDRA BEACH FL 32082

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 **PTS** ☐ Delete
 NAME **STOCKTON, JR, JAMES**
 STREET ADDRESS **8300 PONTE VEDRA BLVD**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 changes noted.

SIGNATURE:

JAMES R. STOCKTON JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 14, 2002

Date

Daytime Phone #

CR2E034 (9/01)