

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90275 018 ***150.00

DOCUMENT # P93000087210

1. Entity Name
THE NETWORK CORPORATION OF JACKSONVILLE



Principal Place of Business
ONE INDEPENDENT DR
STE 1600
JACKSONVILLE FL 32202
US

Mailing Address
ONE INDEPENDENT DR
STE 1600
JACKSONVILLE FL 32202
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3217865**

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

STEFFEY, FRED H
6620 SOUTHPPOINT DRIVE SOUTH
STE. 300
JACKSONVILLE FL 32216

Name **E.B. BOWER**
Street Address (P.O. Box Number is Not Acceptable) **ONE INDEPENDENT DR**
STE 1600
City **JACKSONVILLE** **FL** **Zip Code** **32202**

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 **E.B. BOWER**

Signature, typed or printed name of registered agent and title if applicable.

E.B. BOWER

(NOTE: Registered Agent signature required when reinstating)

4/10/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCAS	<input type="checkbox"/> Delete
NAME	BOWER, E.B.	
STREET ADDRESS	4190 BELFORT RD, STE 475	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	MCGRIFF, W.A. III	
STREET ADDRESS	4190 BELFORT RD, STE 475	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILL, CAROL A	
STREET ADDRESS	3442-WESTOVER RD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DCAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, E.B.	
STREET ADDRESS	ONE INDEPENDENT DR., STE 1600	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRIFF, W.A. III	
STREET ADDRESS	ONE INDEPENDENT DR., STE 1600	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

4/10/03

DATE

904-356-2797

DAYTIME PHONE #

CR2E034 (10/02)