

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90198 005 ***150.00



DOCUMENT # P94000056274

1. Entity Name
DAVID B. SACKS, P.A.

Principal Place of Business
4741 ATLANTIC BLVD
SUITE B-1
JACKSONVILLE FL 32207

Mailing Address
4741 ATLANTIC BLVD
SUITE B-1
JACKSONVILLE FL 32207

2. Principal Place of Business
1809 Art Museum Dr
Suite, Apt. #, etc. 203

3. Mailing Address
1809 Art Museum Dr
Suite, Apt. #, etc. 203

City & State
Jacksonville FL USA

City & State
Jacksonville FL

Zip
32207

Country
USA

Zip
32207

City
Duval

City
DBA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3264858

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SACKS, DAVID B
4741 ATLANTIC BLVD
JACKSONVILLE FL 32207B

7. Name and Address of New Registered Agent
Name: DAVID B. SACKS
Street Address (P.O. Box Number is Not Acceptable): 1809 Art Museum Dr # 203
City: JACKSONVILLE FL Zip Code: 32207

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 _____ **DATE** _____
(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D SACKS, DAVID B 353 E. FORSYTH STREET JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President SACKS, DAVID B. 1809 Art Museum Dr # 203 JACKSONVILLE, FL 32207
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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: _____ **DATE** 1/3/03 **Daytime Phone #** (904) 634-1122

CR2E034 (10/02)