

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057904

1. Entity Name  
**RALEIGH M. WILCOX, C.P.A., P.A.**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90040 014 \*\*\*150.00

Principal Place of Business <del>103 CENTURY 21 DR. SUITE 112 JACKSONVILLE FL 32216</del>	Mailing Address <del>103 CENTURY 21 DR. SUITE 112 JACKSONVILLE FL 32216 9256</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13500 Sutton Park Dr. S. Suite, Apt. #, etc. 703	3. Mailing Address 13500 Sutton Park Dr. S. Suite, Apt. #, etc. 703
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32224	Country US

4. FEI Number <b>59-3254525</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILCOX, RALEIGH M CPA**  
~~103 CENTURY 21 DR.  
SUITE 112  
JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
13500 Sutton Park Drive South  
Suite 703  
City  
Jacksonville **FL** Zip Code  
32224

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 *Raleigh M. Wilcox* DATE 4/25/00  
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, 2000 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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>WILCOX, RALEIGH M CPA</b>	
STREET ADDRESS <del>103 CENTURY 21 DR., SUITE 112</del>	
CITY-ST-ZIP <del>JACKSONVILLE FL 32216</del>	
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 13500 Sutton Park Drive South #703	
CITY-ST-ZIP Jacksonville, FL 32224	
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	

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: *Raleigh M. Wilcox* DATE 4/25/00 DAYTIME PHONE # (904) 725-8555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/99)