

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91575 006 ***150.00

NOTES
 AV

DOCUMENT # P94000074138

1. Entity Name
ROFE JEWELERS INC.

Principal Place of Business Mailing Address
8595 BEACH BLVD. **8595 BEACH BLVD.**
306 **# 306**
JACKSONVILLE FL 32216 **JACKSONVILLE FL 32216**

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3288586		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GREGORY, JAMES E. 8595 BEACH BLVD. # 306 JACKSONVILLE FL 32256		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32216	

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 JAMES E. GREGORY James E Gregory 4/18/02
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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, JAMES E	NAME	8595 BEACH BLVD SUITE 306
STREET ADDRESS	8538-3 BAYMEADOWS ROAD, SUITE 208	STREET ADDRESS	JACKSONVILLE, FL. 32216
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VTS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOLE, MAJOR A.	NAME	8595 BEACH BLVD. SUITE 306
STREET ADDRESS	8538-3 BAYMEADOWS ROAD, SUITE 208	STREET ADDRESS	JACKSONVILLE, FL. 32216
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, PHYLLIS T	NAME	8595 BEACH BLVD. SUITE 306
STREET ADDRESS	8538-3 BAYMEADOWS ROAD, SUITE 208	STREET ADDRESS	JACKSONVILLE, FL 32216
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: JAMES E. GREGORY James E Gregory 4/18/02 (904) 641-4653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)