FILED

Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jul 24, 2001 8:00 am P94000076598 DOCUMENT # **Secrétary of State** 1. Entity Name 07-24-2001 90008 025 \*\*\*150.00 GEORGE A. KOURY, INC. Principal Place of Business Mailing Address 6086 STE ! 8789 CAN JOSE-BLVD. P O BOX 24109 SUITE 206 SUITE-300 St. Augustine JACKSONVILLE FL 322 JACKSONVILLE FL 32241 Mailing Address Box 24100 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 49-3280714 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_\_\_\_ KOURY, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 9803 OLD ST AUGUSTINE RD STE 1 JACKSONVILLE FL 32257 City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (5/01) TITLE TITLE ☐ Addition 9803 21E1 Delete NAME KOURY, GEORGE A NAME 8789 SAN JOSE BLYD 4308 OID STA MONSTINE STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32247 CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP ☐ Addition ☐ Defete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 entail eport 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 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 13. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment w



Allachments
HP9400076598
PERSONAL AND BUSINESS INSURANCE
P13175
RETIREMENT PLANNING
MUTUAL FUNDS

July 19, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500 RE: Document P94000076598

To whom it may concern,

Our office recently received our yearly UBR and a bill for \$550 dollars. When I looked over the backside of the bill it stated that a bill was sent out the beginning of January 2001. Unfortunately we did not receive this bill. The address that appears on the front of the form is not our address. The address for the principal place of business is 9803 Old St. Augustine Rd. Suite one Jacksonville, FL 32257. Our mailing address is P O Box 24109 Jacksonville, FL 32241. I have inclosed a check for \$150.00 dollars the amount of the first bill since it was sent to the wrong address. Please make the appropriate address changes in your system. If you need further assistance please call my office at (904) 262-8400.

9803 Old St. Augustine Road, Suite 1 • Jacksonville, Florida 32257 904.262.8400 / Fax 904.262.7898 kouryins@firelinedsl.com • www.georgekoury.com