

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90045 004 ***150.00

DOCUMENT # P94000079367

1. Entity Name
JOANDY ROAD PARTNERSHIP CORPORATION

Principal Place of Business

**13361 ATLANTIC BLVD
 JACKSONVILLE FL 32225
 US**

Mailing Address

**% JOEL B. GILES
 P.O. BOX 2861
 ST PETERSBURG FL 33731-2861
 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 **59-3290377**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILES, JOEL B
 200 CENTRAL AVENUE
 SUITE 2300
 ST PETERSBURG FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **DODSON, JR. J. THOMAS**
STREET ADDRESS **13361 ATLANTIC BLVD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DP** ☒ Change ☐ Addition
NAME **DODSON, J. THOMAS, JR.**
STREET ADDRESS **13361 ATLANTIC BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **VPST** ☐ Delete
NAME **WOOD, RENE M.**
STREET ADDRESS **5401 W KENNEDY BLVD., SUITE 751**
CITY-ST-ZIP **TAMPA FL**

TITLE **VPST** ☒ Change ☐ Addition
NAME **WOOD, RENE' M.**
STREET ADDRESS **5401 W KENNEDY BLVD, SUITE 751**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VP** ☐ Delete
NAME **MORRIS, GREG**
STREET ADDRESS **2325 ULMERTON RD STE.,#20**
CITY-ST-ZIP **CLEARWATER FL 33762**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition
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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:

Thomas Dodson, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. THOMAS DODSON, JR., PRESIDENT

3/6/02 (727) 821-7000

Date

Daytime Phone #

CR2E034 (9/01)