

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004643

1. Entity Name
FLORIDA RESIDENTIAL IMPROVEMENT CENTER, INC.

Principal Place of Business
1858 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211

Mailing Address
1858 UNIVERSITY BLVD. NORTH
JACKSONVILLE FL 32211

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 59-3294642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAPOUR, DANIEL A
333-1 E. MONROE ST.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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 resigning)

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME
D. MCCARTHY, RICHARD
STREET ADDRESS
5331 COPPEDGE AVE
CITY-ST-ZIP
JACKSONVILLE FL 32211

☐ Delete

TITLE NAME
D. MCCARTHY, ERIN
STREET ADDRESS
5331 COPPEDGE AVE
CITY-ST-ZIP
JACKSONVILLE FL 32211

☐ Delete

TITLE NAME
D. MCCARTHY, CAROLE
STREET ADDRESS
5331 COPPEDGE AVE
CITY-ST-ZIP
JACKSONVILLE FL 32211

☐ Delete

TITLE NAME
D. MCCARTHY, CHRISTINA A
STREET ADDRESS
5331 COPPEDGE AVE
CITY-ST-ZIP
JACKSONVILLE FL 32211

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☐ Addition

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 another like empowered.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

904-743-5544

Date

Daytime Phone

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-14-2002 90277 014 *****8.75
06-20-2002 90063 015 ***141.25

86

PW 1/4. 25

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment

795 000004643

870486

⑈019200⑈ ⑆063000047⑆ 002172017985⑈

FLORIDA RESIDENTIAL IMPROVEMENT CENTER, INC.
1858 UNIVERSITY BOULEVARD NORTH
JACKSONVILLE, FLORIDA 32211

DATE: 11/20/90
INVOICE: 19200
AMOUNT: \$878.00

PAY TO THE ORDER OF: *Eight Thousand Dollars*

59-2294642
Bank of America

Quilley D. Dwyer

DATE: 11/20/90
GROSS AMOUNT: \$878.00
INCOME TAX: \$0.00
SOC. SEC.: \$0.00
NET AMOUNT: \$878.00

⑈019200⑈ ⑆063000047⑆ 002172017985⑈