

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90139 028 ***150.00

DOCUMENT # P95000007156

1. Entity Name

San Jose Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8615 Lalosa Dr. W.

3. Mailing Address

8615 Lalosa Dr. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3293958

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

32217

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

William H. Jeter, Jr.

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

10110 San Jose Blvd.

City

Jacksonville

FL

Zip Code

32257

**DO NOT WRITE
IN THIS SPACE**

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)**

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PIS

NAME

Gail K. Kagan

STREET ADDRESS

8615 Lalosa Dr. W.

CITY-ST-ZIP

Jacksonville, FL 32217

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V.P.T.

NAME

Marjorie L. Smith

STREET ADDRESS

8615 Lalosa Dr. W.

CITY-ST-ZIP

Jacksonville, FL 32217

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

File #

Marjorie L. Smith V.P. **MARJORIE SMITH V.P.** 4/25/04

CR2E034B (12/01)