

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90224 025 ***150.00

DOCUMENT # P95000007156

1. Entity Name

SAN JOSE INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8615 LALOSA DRIVE

Suite, Apt. #, etc.

WEST

City & State

JACKSONVILLE, FL

Zip

32217

Country

3. Mailing Address

8615 LALOSA DRIVE

Suite, Apt. #, etc.

WEST

City & State

JACKSONVILLE, FL

Zip

32217

Country

4. FEI Number

59-3293958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24070169

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JETER, WILLIAM H JR

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

10110 SAN JOSE BLVD.

City

JACKSONVILLE

FL

Zip Code

32257

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME KAGAN, GAIL K
STREET ADDRESS 8615 LALOSA DRIVE, W.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VPT
NAME SMITH, MARJORIE L
STREET ADDRESS 8615 LALOSA DRIVE, W.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE
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12. 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 10 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

Daytime Phone #

CR2E034B (12/02)