

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State
 07-18-2002 90126 014 ***550.00

DOCUMENT # P95000015645

1. Entity Name
BOURNE AND ASSOCIATES, INCORPORATED

Principal Place of Business
4417 BEACH BLVD.
SUITE 300
JACKSONVILLE FL 32207

Mailing Address
4417 BEACH BLVD.
SUITE 300
JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8160 Baymeadows Way W.
 Suite, Apt. #, etc. **STE. 100**

3. Mailing Address
SAME
 Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLA.

City & State

4. FEI Number **59-3312285**

Applied For
 Not Applicable

Zip **32256** Country **USA**

Zip Country

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

BOURNE, ROBERT H JR.
4417 BEACH BLVD.
SUITE 300
JACKSONVILLE BEACH FL 32207

Name **Robert H. Bourne, Jr.**
 Street Address (P.O. Box Number is Not Acceptable)
8160 Baymeadows Way W.
STE. 100
 City **JACKSONVILLE** FL Zip Code **32256**

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 **Robert H. Bourne, Jr.** DATE **7/17/02**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOURNE, ROBERT H JR. 4417 BEACH BLVD. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOURNE, ROBERT H III 4417 BEACH BLVD. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOURNE, THOMAS L 4417 BEACH BLVD. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bourne, Robert H. Jr. 8160 Baymeadows Way W. STE. 100 JACKSONVILLE, FLA. 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Bourne, Robert H. III 8160 Baymeadows Way W. STE. 100 JACKSONVILLE, FLA. 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Bourne, Thomas L. 8160 Baymeadows Way W. STE. 100 JACKSONVILLE, FLA. 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/17/02** DAYTIME PHONE # **904-448-1710**

CR2E034 (4/02)