

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90873 004 ***150.00

DOCUMENT # P95000028281

1. Entity Name
ST. JOHNS WAREHOUSE, INC.

Principal Place of Business

**601 RIVERSIDE AVENUE
 BUILDING II, SUITE 650
 JACKSONVILLE FL 32204**

Mailing Address

**601 RIVERSIDE AVENUE
 BUILDING II, SUITE 650
 JACKSONVILLE FL 32204**



2. Principal Place of Business

729 Post Street
 Suite, Apt. #, etc.

3. Mailing Address

729 Post Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Fla

City & State

Jacksonville, Fla

4. FEI Number

59-3309490

Applied For

Not Applicable

Zip **32204**

Country **USA**

Zip **32204**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAW, RALPH L JR.
 601 RIVERSIDE AVENUE
 BUILDING II, SUITE 650
 JACKSONVILLE FL 32204**

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 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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **SHAW, RALPH L JR.**
 STREET ADDRESS **601 RIVERSIDE AVENUE / BLDG II, SUITE 650**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **VP** ☐ Delete
 NAME **THORNTON, JOHN T**
 STREET ADDRESS **601 RIVERSIDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **729 Post Street**
 CITY-ST-ZIP **Jacksonville, Fla 32204**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **729 Post Street**
 CITY-ST-ZIP **Jacksonville, Fla 32204**

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TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)