

2002 UNIFORM BUSINESS REPORT (UBR)

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

0030847 AV

DOCUMENT # P95000036118

1. Entity Name
JAX CITY INSURANCE GROUP, INC.

01-21-2002 90069 028 ***150.00

Principal Place of Business

**10230 ATLANTIC BLVD
 SUITE 3
 JACKSONVILLE FL 32225
 US**

Mailing Address

**10230 ATLANTIC BLVD
 3
 JACKSONVILLE FL 32225**

2. Principal Place of Business

**9943 Beach Blvd
 Suite, Apt. #, etc.**

3. Mailing Address

**Same
 Suite, Apt. #, etc.**

City & State

**Jacksonville, FL
 32246 Duval**

City & State

**FL 32246
 32246 Duval**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3310222**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BOECHAT, RICHARD A
 665 GROOVE PARK BLVD
 JACKSONVILLE FL 32216**

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 **D** ☐ Delete
NAME **BOECHAT, RICHARD A**
STREET ADDRESS **665 GROVE PARK BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VP** ☐ Delete
NAME **MILLETE, MANUEL**
STREET ADDRESS **6234 ARTHUR DUHRAM DR**
CITY-ST-ZIP **JAX FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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)