

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045202

1. Entity Name

KRESSLER OF JACKSONVILLE BEACH, INC.

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90003 041 \*\*\*550.00

Principal Place of Business

828 BEACH BLVD.  
JACKSONVILLE FL 32250

Mailing Address

828 BEACH BLVD.  
JACKSONVILLE FL 32250

2. Principal Place of Business

1102 MURRAY DR  
Suite, Apt. #, etc.  
SUITE 1

3. Mailing Address

4763 ATTLEBORO ST  
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32205

Country

USA

Zip

32205

Country

USA

4. FEI Number

59-3326960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JAMES N.  
4763 ATTLEBORO ST  
JACKSONVILLE FL 32205

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 \$550.00**

**After SEPTEMBER 13, 2000 Min. 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
THOMAS, PATTIE A.  
~~828 BEACH BLVD~~  
JACKSONVILLE BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

Daytime Phone #

904-389-9944

CR2E034.15(10)

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Attachment  
D# 0950W045202  
DW 73761

**Section 1**

1. BEACHES INSURANCE  
Fictitious Name to be Registered

2. 1102-1 MURRAY DR.  
Mailing Address of Business  
JACKSONVILLE FL 32205  
City State Zip Code

3. Florida County of principal place of business: DUVAL

4. FEI Number: 59-3326960

This space for office use only

**Section 2**

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

1. KRESSLER OF JACKSONVILLE BEACH  
Last First M.I.  
1102-1 MURRAY DR  
Address  
JACKSONVILLE FL 32205  
City State Zip Code  
SS# \_\_\_\_\_ (optional)

2. \_\_\_\_\_  
Last First M.I.  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
SS# \_\_\_\_\_ (optional)

**B. Owner(s) of Fictitious Name If other than individuals(s): (Use attachment if necessary):**

1. \_\_\_\_\_  
Entity Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
Florida Registration Number \_\_\_\_\_  
FEI Number: \_\_\_\_\_  
☐ Applied for ☐ Not Applicable

2. \_\_\_\_\_  
Entity Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip Code  
Florida Registration Number \_\_\_\_\_  
FEI Number: \_\_\_\_\_  
☐ Applied for ☐ Not Applicable

**Section 3**

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

[Signature]  
Signature of Owner Date  
Phone Number: 904-389-9944

\_\_\_\_\_  
Signature of Owner Date  
Phone Number: \_\_\_\_\_

**Section 4**

FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned registration number \_\_\_\_\_  
\_\_\_\_\_  
Signature of Owner Date Signature of Owner Date

Mark the applicable boxes ☐ Certificate of Status - \$10 ☐ Certified Copy - \$30  
Filing Fee: \$50

CR4E-001