

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049827

1. Entity Name

4821 SIERRA, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90057 012 ***150.00

Principal Place of Business

Mailing Address

2199 STATE RD 3
ST AUGUSTINE FL 32084

2199 STATE RD 3
ST AUGUSTINE FL 32084

2. Principal Place of Business

3. Mailing Address

2199 AIA So.
Suite, Apt. #, etc.

2199 AIA So.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3331688

Applied For

Not Applicable

Zip

Country

Zip

Country

32084 USA

32084 USA

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

MORSE, WILLIAM J JR.
2199 STATE RD 3
ST AUGUSTINE FL 32084

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

WILLIAM J. MORSE, Jr.

William J. Morse Jr.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME MORSE, WILLIAM J JR.
STREET ADDRESS 2199 STATE RD 3
CITY-ST-ZIP ST AUGUSTINE FL 32084

TITLE ☒ Change ☐ Addition
NAME 2199 AIA So.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DUPONT, ED
STREET ADDRESS P.O. BOX 551122 N/A
CITY-ST-ZIP JACKSONVILLE FL 32255-1122

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

William J. Morse Jr.

WILLIAM J. MORSE JR.

Date

Daytime Phone #

CR2E034 (9/99)