

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90191 001 \*\*\*150.00

**DOCUMENT # P95000058803**

1. Entity Name  
**HOPE'S FINE JEWELRY, INC.**



Principal Place of Business  
**3582 ST JOHNS AVE  
JACKSONVILLE FL 32205**

Mailing Address  
**3582 ST JOHNS AVE  
JACKSONVILLE FL 32205**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

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

**HOPE, GAYLE A  
10100 WHIPPOORWILL LANE  
JACKSONVILLE FL 32256**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **HOPE, GAYLE A**  
STREET ADDRESS **10100 WHIPPOORWILL LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **STD** ☐ Delete  
NAME **MCGRIFF, ANDREA N**  
STREET ADDRESS **8655 HEATHER RUN DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE **D** ☐ Delete  
NAME **HOPE, WILLIAM E**  
STREET ADDRESS **10100 WHIPPOORWILL LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**904-489-3944**

CR2E034 (10/02)

0029609 AV

ATTACHMENT  
P950000588Q3  
80142950

August 28, 2003

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

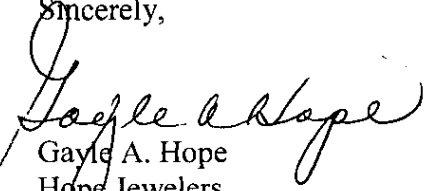
It has been brought to my attention that I failed to submit our 2003 Uniform Business Report. I am a small Independent retail store and I handle all payments made for the store. For the past seven months, I have been caring for my mother, who has been diagnosed with throat cancer. During this time, I have taken her to numerous Doctors and she has also spent the past two months in the hospital. As a result of this, I have been unable to be in my store and outgoing payments have been handled by an employee, with very little experience in this area.

My business has suffered greatly and I am overwhelmed with all that is taking place. Not being able to be in the store, coupled with the poor economy has made it extremely difficult for me to cover my expenses.

I am enclosing my completed form and payment in the amount of \$150.00. and would be very grateful for any consideration you may give in waiving the delinquency fee.

I sincerely appreciate your assistance with this. Should you need to speak with me, please feel free to contact me at 904/489-3944.

Sincerely,

  
Gayle A. Hope  
Hope Jewelers  
3582 St Johns Ave  
Jacksonville, FL 32205