

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90359 004 ***150.00

DOCUMENT # P95000081809

1. Entity Name
STOKES-GAINESVILLE, INC.

Principal Place of Business
4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667
US

Mailing Address
4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667
US

B0089798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3356149**

Applied For

Not Applicable

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

STOKES, E CHESTER JR
9551 BAYMEADOWS RD
SUITE 4
JACKSONVILLE FL 32256

Name
STOKES, E. CHESTER, JR.
 Street Address (P.O. Box Number is Not Acceptable)
4315 PABLO OAKS COURT, SUITE 1
 City **JACKSONVILLE** **FL** **32224**

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 *E. Chester Stokes, Jr.* **E. Chester Stokes, Jr.** **4/17/02**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PD STOKES, E CHESTER JR** ☐ Delete
 STREET ADDRESS **4315 PABLO OAKS COURT, STE. 1**
 CITY-ST-ZIP **JACKSONVILLE FL 32224-9667**

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

TITLE
 NAME **V BERGMANN, THOMAS C** ☐ Delete
 STREET ADDRESS **4315 PABLO OAKS COURT, STE. 1**
 CITY-ST-ZIP **JACKSONVILLE FL 32224-9667**

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

TITLE
 NAME **S HICE, SHERRY** ☐ Delete
 STREET ADDRESS **4315 PABLO OAKS COURT, STE. 1**
 CITY-ST-ZIP **JACKSONVILLE FL 32224-9667**

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

TITLE
 NAME **VT FREDENHAGEN, SHARON W** ☐ Delete
 STREET ADDRESS **4315 PABLO OAKS COURT, STE. 1**
 CITY-ST-ZIP **JACKSONVILLE FL 32224-9667**

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

TITLE
 NAME **V WALLACE, L DENISE** ☐ Delete
 STREET ADDRESS **4315 PABLO OAKS COURT, STE. 1**
 CITY-ST-ZIP **JACKSONVILLE FL 32224-9667**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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: *Sherry Hice* **Sherry Hice, Secretary** **4/17/02** **904/482-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)