

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90112 027 \*\*\*150.00

**DOCUMENT # P96000002211**

1. Entity Name

JOHN H. WILBUR, P.A.



Principal Place of Business  
112 WEST ADAMS STREET  
SUITE #1700  
JACKSONVILLE FL 32202

Mailing Address  
112 WEST ADAMS STREET  
SUITE #1700  
JACKSONVILLE FL 32202



2. Principal Place of Business

4161 Carmichael Ave.

Suite, Apt. #, etc.

Suite 152

City & State

Jacksonville, FL 32207

Zip

32207

Country

USA

3. Mailing Address

4161 Carmichael Ave.

Suite, Apt. #, etc.

Suite 152

City & State

Jacksonville, FL 32207

Zip

32207

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3354076

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILBUR, JOHN H  
112 WEST ADAMS STREET  
SUITE #1700  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Wilbur, John H.

Street Address (P.O. Box Number is Not Acceptable)

4161 Carmichael Ave., Suite 152

City

Jacksonville

FL

Zip Code

32207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/03

**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

TITLE PT  
NAME WILBUR, JOHN H  
STREET ADDRESS 112 WEST ADAMS STREET, SUITE #1700  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT  
NAME Wilbur, John H.  
STREET ADDRESS 4161 Carmichael Ave., Suite 152  
CITY-ST-ZIP Jacksonville, FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E034 (10/02)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/03 904-396-9004

Date

Daytime Phone #