2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P96000002211

Mailing Address

1. Entity Name

JOHN H. WILBUR, P.A.

Principal Place of Business



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

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



SUITE #1700 JACKSONVILLE FL 32202			112 WEST ADAMS STREET SUITE #1700 JACKSONVILLE FL 32202					
2. Principal Place of Bus		<del></del> .	3. Mailing	Address				
4161 Carmichael Ave.			4161 Carmichael Ave.					
Suite, Apt. #, etc.			Suite, Ap	t. #, etc.		TAVE.		
Suite 152			Suite 152					
City & State	City & State							
<u>Jacksonvil</u>	<u>le, FL</u>	32207.	Jackso	onville	2. F	1_32207		
Zip	Country		Zip		Cour			
32207	USA		32207-		ŀ	ς <u>ά</u>		
6. Nam	e and Address	s of Current F	egistered Ag	ent	·	<del> </del>		
WILBUR, JOHN H						Name Wilbur		

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<u> </u>		d Address of Current Re	3 2 2 0 7 ·	<u>  []:</u>	ŞΑ				. —	Fee Requi	ired
	o. Nume an	a Address of Current Re	gistered Agent		None		7. Name and A	ddress of New Re	gistered /	gent	
WII RI ID	IOHN 4				Name Wil	bur	John H.				
, WILBUR,					Street A	iddraec (E	O Boy Number	is Not Acceptable)			
	ST ADAMS STR	EET					.o. box radinber i	ia NUL ACCEPTABLE)			
SUITE #	1700							<del></del>			
*JACKSOI	NVILLE FL 3220	12			416	1 Ca	rmichae]	L Ave., S	Suite	152	
011001	1 6 0220	···			Uity				FL	Zip Co	ode
8. The above	е патеd entity su	bmits this statement for th	e numero of changing i	ito rogintoro	Jac	<u>kson</u>	<u>ville</u>			1322	207
the obliga	tione of registered	bmits this statement for the agent.	o purpose or changing i	na registere	an onice O	registere	ed agent, or both,	in the State of Flori	da. lam f	amiliar with	h, and accep
		> M_ V	0. ( A   /	<b>6</b> .				. 11 6	<u> </u>	>	
SIGNATURE		14000	1. VV U	<u>سب </u>				1   1	<b>,</b>   0	<b>.</b>	
	Signature, typed or pri	nted name of registered agent and	title if applicable. (NC	OTE: Registered	d Agent signat	ure required v	when reinstating)	<del></del>	DATE		
F	ILE NOW!!! T	EE IS \$150.00						<del></del>	·	<del></del>	
		ee will be \$550.00	-				9. Electi	ion Campaign Fina	ncina	¢E	00 May Be
Make Check	k Payable to Flo	orida Department of Si	ate					Fund Contribution.			ed to Fees
10.			d		<u></u> .						
	DT	OFFICERS AND DIF	KEUTORS	11.	· <u>·</u> ·		ADDITIONS/CH	HANGES TO OFFIC	ERS AND	DIRECTO	RS IN 11
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NAME STREET ADDRESS	WILBUR, JOH	IN H		NAME		_	our, Joh	n U			
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STREET ADDRESS				STREET	ADDRESS						
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2. I hereby ce	ertify that the infor	mation supplied with this	filing doop not avalle, for	* *b * ****							

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 change if, or on an attrachment with an address, with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>01/15/03</u> 904-396-9004