

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90043 023 ***150.00

DOCUMENT # P96000038120

1. Entity Name
GERALD AND SONS, INC.

Principal Place of Business
**10991 LYDIA ESTATES DRIVE E.
JACKSONVILLE FL 32218**

Mailing Address
**10991 LYDIA ESTATES DRIVE E.
JACKSONVILLE FL 32218**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1393 Kings Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLORIDA

City & State

4. FEI Number **59-3381681**

Applied For
Not Applicable

Zip **32209** Country **USA**

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

**WILLIAMS, GERALD A SR
10991 LYDIA ESTATES DRIVE E.
JACKSONVILLE FL 32218**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 ☐ Delete
NAME **PSD WILLIAMS, GERALD A SR**
STREET ADDRESS **10991 LYDIA ESTATES DRIVE E.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE ☐ Delete
NAME **VI WILLIAMS, TERRI L**
STREET ADDRESS **10991 LYDIA ESTATES DRIVE E.**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

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CITY-ST-ZIP

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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: Gerald A. Williams SR **GERALD A. WILLIAMS SR** 2/10/02 (904) 924-1455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)