

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

04-29-2003 90131 001 *****8.75
04-29-2003 90131 002 ***150.00

DOCUMENT # P96000039627

1. Entity Name
AUTUMN VILLAGE, INC.



Principal Place of Business
**1103 BARRS STREET
JACKSONVILLE FL 32205**

Mailing Address
**9150 FT CAROLINE RD
JACKSONVILLE FL 32225**

55044608



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3380417

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBISON, MARY
1 INDEPENDENT DRIVE
STE 2600
JACKSONVILLE FL 32202**

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

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

(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 | D | <input type="checkbox"/> Delete |
| NAME | GRAHAM, ALCIRA E | |
| STREET ADDRESS | 1103 BARRS STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | |
| TITLE | Daniel Cano | <input type="checkbox"/> Delete |
| NAME | 3610 Shawnee Shores Dr | |
| STREET ADDRESS | Jax. FL. 32225 | |
| CITY-ST-ZIP | Jax. FL. 32225 | |
| TITLE | Alexandra Carpenter | <input type="checkbox"/> Delete |
| NAME | 10010 SKINNER LAKE DR. | |
| STREET ADDRESS | Jax. FL. 32246 Ap. 338 | |
| CITY-ST-ZIP | Jax. FL. 32246 Ap. 338 | |
| TITLE | Luis F Cano | <input type="checkbox"/> Delete |
| NAME | 3317 PLUM ST. | |
| STREET ADDRESS | Jax. FL. 32205 | |
| CITY-ST-ZIP | Jax. FL. 32205 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V. President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | treasure | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Secretary | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-03

904-509-2470

Date

Daytime Phone

CR2E004 (10/02)