

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046610

1. Entity Name

ESPOSITO, CHEEK & ASSOCIATES, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90138 013 ***158.75

Principal Place of Business

4540 SOUTHSIDE BLVD.
STE. 502
JACKSONVILLE FL 32216
US

Mailing Address

4540 SOUTHSIDE BLVD
STE. 502
JACKSONVILLE FL 32216-5488
US

638280



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3383312

Applied For

Not Applicable

Zip

Country

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

SANDS, J. KEITH M
FRANSON, ALDRIDGE & SANDS, P.A.
1551 ATLANTIC BLVD., SUITE 200
JACKSONVILLE FL 32207

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

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, 2000 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 D
STREET ADDRESS ESPOSITO, ROBERT
CITY-ST-ZIP 44540 SOUTHSIDE BLVD., STE. 502
JACKSONVILLE FL 32216

TITLE ☒ Change ☐ Addition
NAME same
STREET ADDRESS same
CITY-ST-ZIP 4540 Southside Blvd., Ste. 502
same

TITLE ☐ Delete
NAME D
STREET ADDRESS CHEEK, FRED
CITY-ST-ZIP 4450 SOUTHSIDE BLVD., STE. 502
JACKSONVILLE FL 32216

TITLE ☒ Change ☐ Addition
NAME same
STREET ADDRESS same
CITY-ST-ZIP 4540 Southside Blvd., Ste 502
same

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Signature of Robert J. Esposito II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

904-641-6649

Daytime Phone #