

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047168

1. Entity Name
C & W INVESTMENTS OF JACKSONVILLE, INC.



FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90075 009 ***550.00

0004519 AV

Principal Place of Business
13051 BEACH BLVD
JACKSONVILLE FL 32216

Mailing Address
13051 BEACH BLVD
JACKSONVILLE FL 32216



2. Principal Place of Business
Suite, Apt. #, etc.

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

☐ CHECK HERE IF MAKING CHANGES

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3393822**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CRABTREE, R R
8375 DIX ELLIS TRAIL #401
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
Name **ROGER L. COMBS**
Street Address (P.O. Box Number is Not Acceptable)
13051 BEACH BLVD SUITE 300
City **JACKSONVILLE** FL **32246**

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	COMBS, ROGER L SR	
STREET ADDRESS	13051 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COMBS, DONALD R	
STREET ADDRESS	13051 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WORKMAN, DAVID R JR	
STREET ADDRESS	13051 BEACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
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: *Roger L. Combs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **7-18-03** Daytime Phone #

CR2E034 (4/03)