## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 06, 2002 8:00 am Secretary of State P96000051716 DOCUMENT # 1. Entity Name 05-06-2002 90121 014 \*\*\*150 00 CFR INVESTMENTS, INC. Principal Place of Business Mailing Address 7014 AC SKINNER PKWY 7014 AC SKINNER PKWY SUITE 290 SUITE 290 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3392481 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIESER, ALLEN R Street Address (P.O. Box Number is Not Acceptable) 7014 AC SKINNER PARKWAY SUITE 290 JACKSONVILLE FL 32256 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLÉ ☐ Delete TITLE ☐ Addition RAY, JR. J NAME NAME 7014 AC SKINNER PARKWAY #290 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition FORNELL, RICHARD H. NAME NAME 7014 AC SKINNER PARKWAY, #290 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-7IP CITY-ST-ZIP Delete ---- =-Change Addition LEISER, ALLEN NAME NAME 7014 AC SKINNER PARKWAY #290 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP Treasurer Delete TITLE Change ☐ Addition Jamifer Kring 2014 AC SAMIND PKWY #290 WELLS, KARI NAME 7014 AC SKINNER PARKWAY #290 STREET ADDRESS STREET ADDRESS JECKSONVIlle, FL 30054 CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

**FILED**