

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90187 047 ***150.00

DOCUMENT # P96000073760

1. Entity Name

RAHAIM, WATSON & DEARING, P.A.

Principal Place of Business

Mailing Address

218 E ASHLEY ST
 JACKSONVILLE FL 32202
 US

218 E ASHLEY ST
 JACKSONVILLE FL 32207-1143
 US

900554



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4741 Atlantic Blvd

3. Mailing Address

4741 Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

Suite D

City & State

Jacksonville FL

City & State

Jax, FL

4. FEI Number

59-3407789

Applied For

Not Applicable

Zip

Country

Zip

Country

32207

Duval

32207

Duval

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEPRELL, SAMUEL L
1930 SAN MARCO BLVD
STE 201
JACKSONVILLE FL 32207

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 **DP** ☐ Delete
 NAME **RAHAIM, JOHN J II**
 STREET ADDRESS **218 E ASHLEY ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **DVS** ☐ Delete
 NAME **WATSON, RICHARD C**
 STREET ADDRESS **218 E ASHLEY ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **DT** ☐ Delete
 NAME **DEARING, DAVID P**
 STREET ADDRESS **218 EAST ASHLEY ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00 **399-8989**