

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0100837 AV

DOCUMENT # P96000074893

1. Entity Name
JARVIS-PROBST, INC.

03-12-2002 90972 008 ***150.00

Principal Place of Business

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 165
ORLANDO FL 32809

Mailing Address

6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 165
ORLANDO FL 32809



2. Principal Place of Business

6220 South Orange Blossom Trail
Suite, Apt. #, etc. Suite 108
City & State Orlando, FL
Zip 32809

3. Mailing Address

6220 S. Orange Blossom Trail
Suite, Apt. #, etc. Suite 108
City & State Orlando, FL
Zip 32809

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3405873

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARCO, CARROLL S SR.
6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 194
ORLANDO FL 32809

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JARVIS, VIRGINIA P	
STREET ADDRESS	1735 LAKE ROBERTS CT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JARVIS, EDGAR L	
STREET ADDRESS	1735 LAKE ROBERTS CT	
CITY-ST-ZIP	WINDERMERE FL 34786	
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		

12. 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
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Edgar L Jarvis, EDGAR L JARVIS

2/27/02

407-240-7633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)