

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90004 046 ***150.00

0006269
 AV

DOCUMENT # P96000080945

1. Entity Name
JAXTRAX, INC.

Principal Place of Business
3099 DOCTORS LAKE DRIVE
ORANGE PARK FL 32073

Mailing Address
3099 DOCTORS LAKE DRIVE
ORANGE PARK FL 32073



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3410296**

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

SAPP, W. J. JR.
3099 DOCTORS LAKE DRIVE
ORANGE PARK FL 32073

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPS	<input type="checkbox"/> Delete
NAME	SAPP VIRGINIA C	
STREET ADDRESS	3099 DOCTORS LAKE DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAPP, W.J. JR.	
STREET ADDRESS	3099 DOCTORS LAKE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAPP, WILLARD J III	
STREET ADDRESS	3099 DOCTORS LAKE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HITT, JENNIFER S	
STREET ADDRESS	4244 CEDAR ROAD	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSON, RICHARD L	
STREET ADDRESS	P O BOX 98	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS	
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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	

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:

NOTARIES REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)