

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90019 010 ***150.00

DOCUMENT # P97000032623

1. Entity Name
FLEMING ISLAND IMPROVEMENTS, INC.

Principal Place of Business

**6229 ISLAND FOREST DRIVE
ORANGE PARK FL 32073**

Mailing Address

**6229 ISLAND FOREST DRIVE
ORANGE PARK FL 32073**

2. Principal Place of Business

**2405 Hopkins St.
Suite, Apt. #, etc.
Orange Park, FL**

3. Mailing Address

**2405 Hopkins St.
Suite, Apt. #, etc.
Orange Park, FL**



DO NOT WRITE IN THIS SPACE

Zip
32073

Country
USA

Zip
32073

Country
USA

4. FEI Number **59-3441030**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOYER, MARK
6229 ISLAND FOREST DRIVE
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name **Mark Boyer**
Street Address (P.O. Box Number is Not Acceptable)
2405 Hopkins St.
City **Orange Park** FL Zip Code **32073**

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 **PD** ☐ Delete
NAME **BOYER, MARK**
STREET ADDRESS **6229 ISLAND FOREST DRIVE**
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Mark Boyer**
STREET ADDRESS **2405 Hopkins St.**
CITY-ST-ZIP **Orange Park, FL 32073**

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

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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 reports 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/14/02 9048609265

CR2E034 (9/01)