

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90155 019 ***150.00

DOCUMENT # P97000081633

1. Entity Name
BABY GUARD OF NORTH FLORIDA, INC.



Principal Place of Business
**11017 LOSCO JUNCTION DRIVE
JACKSONVILLE FL 32257**

Mailing Address
**11017 LOSCO JUNCTION DRIVE
JACKSONVILLE FL 32257**

70001290



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3468498**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROGERS, JONATHAN NEIL
11017 LOSCO JUNCTION DRIVE
JACKSONVILLE FL 32257**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CPST** ☐ Delete
NAME **ROGERS, JONATHAN NEIL**
STREET ADDRESS **11017 LOSCO JUNCTION DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☒ Change ☐ Addition
NAME **Rogers, Jonathan Neil**
STREET ADDRESS **11017 Losco Junction Dr.**
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Change ☒ Addition
NAME **Secretary Palmer, Kenneth William**
STREET ADDRESS **4974 Hawks Hollow Rd.**
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Change ☒ Addition
NAME **Treasurer Pope, Joseph Walter III**
STREET ADDRESS **4440 Windergate CT**
CITY-ST-ZIP **Jacksonville, FL 32257**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jonathan Neil Rogers
JONATHAN ROGERS

Date

1/7/03

Daytime Phone #

(904) 288 0550

CR2E034 (10/02)