

2001 UNIFORM BUSINESS REPORT (UBR):

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90004 007 ***558.75

DOCUMENT # P97000106442

1. Entity Name
SOUTHSIDE TOUCHTON INVESTMENTS, INC.

Principal Place of Business
6320 ST AUGUSTINE RD.
SUITE 5A
JACKSONVILLE FL 32217

Mailing Address
6271-24 ST AUGUSTINE RD.
STE 324
JACKSONVILLE FL 32217

2. Principal Place of Business
2963 Dupont Avenue
 Suite, Apt. #, etc.
Suite 2

3. Mailing Address
2963 Dupont Avenue
 Suite, Apt. #, etc.
Suite 2

City & State
Jacksonville, FL
 Zip
32217

City & State
Jacksonville, FL
 Zip
32217

4. FEI Number
59-3490953

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent
HOLBROOK, H. LEON
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name
A. Chester Skinner, III
 Street Address (P.O. Box Number is Not Acceptable)
2963 Dupont Avenue
 Suite
Suite 2
 City
Jacksonville **FL** Zip Code
32217

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 *A. Chester Skinner, III*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
9/06/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	D SKINNER, ARTHUR C III
STREET ADDRESS	6320 ST. AUGUSTINE RD, SUITE 5A
CITY-ST-ZIP	JACKSONVILLE FL 32217
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	
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	Skinner, Arthur Chester III
STREET ADDRESS	2963 Dupont Avenue, Suite 2
CITY-ST-ZIP	Jacksonville, FL 32217
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
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: *A. Chester Skinner, III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
9/06/01 DAYTIME PHONE #
904-732-9400

CR2E034 (5/01)