

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108381

1. Entity Name
COIT SERVICES OF JACKSONVILLE, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90003 006 ***150.00

Principal Place of Business
1145-4 MILLER ST
ORANGE PARK FL 32073

Mailing Address
1145-4 MILLER ST
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3483196

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

WILLIAMS, GRADY H JR.
1279 KINGSLEY AVE. STE. 117
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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME CAJAL, SANDRA M
STREET ADDRESS 1145-4 MILLER ST
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE Vice-President
NAME Cajal, Sandra M.
STREET ADDRESS Same
CITY-ST-ZIP Same ☒ Change ☐ Addition

TITLE D
NAME CAJAL, SALVADOR
STREET ADDRESS 1145-4 MILLER ST
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE President
NAME Cajal, Salvador
STREET ADDRESS Same
CITY-ST-ZIP Same ☒ Change ☐ Addition

TITLE Don A. Cicale
NAME 1145-4 Miller St
STREET ADDRESS QP. FL 32073
CITY-ST-ZIP ☐ Delete

TITLE General Manager
NAME Don A. Cicale
STREET ADDRESS Same
CITY-ST-ZIP Same ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Sandra M. Cajal Vice-President + 7/18/00 (904) 264-2411
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Sandra M. Cajal

CR2E034 15/00

2000 UNIFORM BUSINESS REPORT (UBR)-

DOCUMENT # P97000108381

1. Entity Name

COT SERVICES OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

145-4 MILLER ST
ORANGE PARK FL 32073

1145-4 MILLER ST
ORANGE PARK FL 32073-3826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3483196

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of New Registered Agent

WILLIAMS, GRADY H JR.
1279 KINGSLEY AVE. STE. 117
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, 2000 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	D	<input type="checkbox"/> Delete
NAME	CAJAL, SANDRA M	
STREET ADDRESS	1145-4 MILLER ST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAJAL, SALVADOR	
STREET ADDRESS	1145-4 MILLER ST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
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		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cajal, Salvador	
STREET ADDRESS	1145-4 Miller St	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cajal, Sandra	
STREET ADDRESS	1145-4 Miller St	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Change <input checked="" 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		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra M. Cajal (904) 204-2411

4/30/00

Daytime Phone #

Attachment
D# P97000108381
000 73779

CR05024 (000)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Attn: Leslie 7/18/00
Attachment
D# P97000108381
DW73779

June 7, 2000

COIT SERVICES OF JACKSONVILLE, INC.
1145-4 MILLER ST
ORANGE PARK, FL 32073

Subject: **COIT SERVICES OF JACKSONVILLE, INC.**

Reference Number: **P97000108381**

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SH

ANNUAL REPORTS SECTION

Dear Leslie:

Per our conversation this afternoon 7/18/00 enclosed is the correct form filled along with check #2205 for \$150.00 as you suggested. I'm sorry for the delay but as I explained, I had been on vacation therefore, this letter felt through the cracks. Thanks for all your help - Sandra

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314