## 2002 Uniform Business Report (UBR)

## Mar 18, 2002 8:00 am P97000108381 DOCUMENT # **Secretary of State** 1. Entity Name COIT SERVICES OF JACKSONVILLE, INC. 03-18-2002 90088 006 \*\*\*150.00 Principal Place of Business Mailing Address 1145-4 MILLER ST 1145-4 MILLER ST **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3483 196 Not Applicable Country Zip-Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, GRADY H JR. Street Address (P.O. Box Number is Not Acceptable) 1279 KINGSLEY AVE. STE. 117 **ORANGE PARK FL 32073** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITI F ☐ Delete TITLE CAJAL, SANDRA M NAME NAME 1145-4 MILLER ST STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE TITLE CAJAL, SALVADOR NAME NAME 1145-4 MILLER ST STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP Change Addition **GM** Delete TITLE TITLE CICATE, DON A NAME 1145 4 MILLER ST STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP **★** Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 073 CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 people 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

wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1

of the corporation or the receiver or trus changed, or on an attachment with apple

SIGNATURE:

CR2E034 (9/01)