## Jan 15, 2002 8:00 am Secretary of State 01-15-2002 90073 032 \*\*\*150.00 **FILED**

## **2002 UNIFORM BUSINESS REPORT (UBR)**

P98000009416

**DOCUMENT #** 1. Entity Name

JAMES L. MAIN, P.A.

Mailing Address   So NORTH LURA STREET SUTE 3000   ANGSONNULE FL 20202   Solder LURA STREET SUTE 3000   ANGSONNULE FL 20202   Solder Floridation of Design								
ACKSONNILE FL 3202  2. Principal Place of Business  Suite, Apr. #, etc.  Suite, Apr. #, etc.  Suite, Apr. #, etc.  City & State	Principal Place	e of Business	Mailing Address	•				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE						Applied For Not Applied For Not Applied For Not Applied For Spesified Spesified Required Specified Required Specified Agent Acceptable)		
Suite, Apt. #, etc.  Suite, Apt. #, etc.								
City & State    City & State   Country   Country   Country   S. Certificate of States Deleter   Sept Applications   Sept Appli	2. Principal Pl	lace of Business	3. Mailing Address			<b>i in</b> ini <b>a</b> luun muse uun 1801		
Zip Country Zip Country Zip Country S. Certificate of Status Desireo S8.75 Additional Fee Required Agent 7. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address 8. Name Registered Agent 7. Name and Address 8. Name Registered Agent 7. Name and Address 8. Name Registered Agent 7. Name Address 8. Name Registered Agent 7. Name Address 8. Name Registered Agent 7. Name Registered Ag	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SE	ACE		
Second content   Second   Se	City & State		City & State		4. FEI Number 59-3497743			
MAIN, JAMES L 50 NORTH LAURA STREET SUITE 3900 JACKSONVILLE FL 32202  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Address (P.O. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing is registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy is Intengible Tax filing requirement and elects to do so (See criteria or back)  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ON May Be Added to Fees  MAIN, JAMES L SIRET ADDRESS  OFFI-SI-2P  JACKSONVILLE FL 32202  TITLE  MAME SIRET ADDRESS  OFFI-SI-2P  JACKSONVILLE FL 32202  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAME SIRET ADDRESS  OFFI-SI-2P  OFFICERS AND DIRECTORS TITLE  MAME SIRET ADDRESS  OFFI-SI-2P  TITLE  MAME SIRET ADDRESS  OFFI-SI-2P  TITLE  MAME SIRET ADDRESS  OFFI-SI-2P  OFFICERS AND DIRECTORS  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  D	Zip	Country	Zip	Country		8.75 Additional		
MAIN, JAMES L 50 NORTIJ LAURA STREET SUITE 3900  JACKSONVILLE FL 32202  City FL Zip Code  City FL Zip Code  City FL Zip Code  8. The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  9. This corporation is eligible to salisfy its Intengible After May 1, 2002 Fee will be \$550.00  After May 1, 2002 Fee will be		6. Name and Address of Current F	l Registered Agent					
SO NORTH LAURA STREET SUITE 3900 JACKSONVILLE FL 32202  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 review of registeral agent and size 3 supplicable.   (NOTE Registered Agent signature required when revisating)   DATE				Name		<b>,</b>		
SONORTIFI LAURA STREET SUITE 3900  JACKSONVILE FI, 32202  City FL Zip Code  City FL				Street Address	Street Address (P.O. Box Number is Not Acceptable)			
R. 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  9. This corporation is eligible to salisty its Intangible Tax filing requirement and elects to do so. (See criteria on back)  POFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT INTERPORTED TO STATE  NAME MAIN, JAMES L SIRRET ADDRESS  ON ORTH LAURA STREET SUITE 3900 JACKSONVILLE FL 32202  TITLE  MAIN, JAMES L SIRRET ADDRESS  OTY-ST-2P  TITLE  MAIN MAIN MAIN MAIN MAIN MAIN MAIN MAI	P**							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and toke if applicable.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent, or both, in the State of Florida.  [NOTE: Registered Agent signature registered agent signature registered agent signature registered agent.  [NOTE: Registered Agent signature regis	JACKSON\	/ILLE FL 32202						
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TATE MINING requirement and elects to do so (See criteria on back)   After May 1, 2002   Fee will be \$550.00   Trust Fund Contribution   Added to Fees    IT		Signature, typed or printed name of registereo agent ar	nd title if applicable. (NOTE: )	Hegistered Agent signature requi	red when reinstating)  DATE	****		
Make Check Payable to Department of State	•	, ,		· ·		\$5.00 May Be		
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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 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #