

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032204

1. Entity Name

S.A.C. CORPORATION OF JACKSONVILLE

Principal Place of Business

1240 WEST 13TH STREET
JACKSONVILLE FL 32209

Mailing Address

1240 WEST 13TH STREET
JACKSONVILLE FL 32209

2. Principal Place of Business

1240 West 13th

Suite, Apt. #, etc.

3. Mailing Address

1240 West 13th

Suite, Apt. #, etc.

City & State

Jax Fla

City & State

Jax Fl

Zip

32209

Country

USA

Zip

32209

Country

USA

4. FEI Number

59-3501912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, MATTIE C
5918 SCOTT STREET
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name Campbell Mattie

Street Address (P.O. Box Number is Not Acceptable)

5918 Scott St

City Jax

FL

Zip Code

32208

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, 2002 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

TITLE	S	<input type="checkbox"/> Delete
NAME	CAMPBELL, MATTIE	
STREET ADDRESS	5918 SCOTT ST.	
CITY-ST-ZIP	JACKSONVILLE FL 38808	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, DONNA	
STREET ADDRESS	10267 WELL HOUSE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90025 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)