

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90284 036 ***150.00

DOCUMENT # **P98000043481**

1. Entity Name

JIM KIRKLAND REAL ESTATE, INC.



Principal Place of Business

Mailing Address

~~2102 S RIDGEWOOD AVE~~ **202 JULIA STREET** ~~805 BOLTON ROAD~~
~~STE 10~~ **NEW SMYRNA BEACH,** NEW SMYRNA BEACH FL 32168
~~EDGEWATER FL 32141 FL 32168~~
US

10023065



2. Principal Place of Business

3. Mailing Address

202 JULIA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW SMYRNA BEACH, FL.

4. FEI Number

59-3508760

Applied For

Not Applicable

Zip

Country

Zip

Country

32168

USA

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

KIRKLAND, JAMES H JR

2903 ROYAL PALM DR **805 BOLTON ROAD**
EDGEWATER FL 32141 **NEW SMYRNA BEACH, FL**
32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 13, 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPVS** ☐ Delete
NAME **KIRKLAND, JR., JAMES H**
STREET ADDRESS **2903 ROYAL PALM DR** **805 BOLTON RD.**
CITY-ST-ZIP **EDGEWATER FL 32141** **NEW SMYRNA BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP **32168**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13, 2003 386-427-0051
Date Daytime Phone #

CR2E034 (10/02)