

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057866

1. Entity Name
JAXTERMINAL, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90161 042 ***550.00

Principal Place of Business
200 W. FORSYTH ST., SUITE 800
JACKSONVILLE FL 32201

Mailing Address
P.O. BOX 4241
JACKSONVILLE FL 32201
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2050 Forbes St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 40048
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
Zip
32204
Country
DUVAL

City & State
JACKSONVILLE, FL
Zip
32203
Country
DUVAL

4. FEI Number 59-3520544

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAFER, ELIOT J
4925 BEACH BOULEVARD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete
NAME RODANTE, SAM
STREET ADDRESS P.O. BOX 4241
CITY-ST-ZIP JACKSONVILLE FL 32201

TITLE D ☐ Delete
NAME LUCAS, RICKEY P
STREET ADDRESS 900 CANAL ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Delete
NAME DIXON, CARLTON
STREET ADDRESS 900 UNIVERSITY BOULEVARD NO.
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 40048
CITY-ST-ZIP JACKSONVILLE, FL 32203

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 40048
CITY-ST-ZIP JACKSONVILLE, FL 32203

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 40048
CITY-ST-ZIP JACKSONVILLE, FL 32203

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

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

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAM RODANTE

7/17/00
Date

904 384-5561
Daytime Phone #

CR2E034 (5/00)