

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90375 016 ***150.00

DOCUMENT # P98000061010

1. Entity Name

STOKES & BUSH PROPERTIES COMPANY, INC.

Principal Place of Business

**9551 BAYMEADOWS ROAD, SUITE 4
 JACKSONVILLE FL 32256**

Mailing Address

**9551 BAYMEADOWS ROAD, SUITE 4
 JACKSONVILLE FL 32256**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3522106**

Applies For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STOKES, E. CHESTER JR.
 9551 BAYMEADOWS ROAD, SUITE 4
 JACKSONVILLE FL 32256**

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 \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-STATE-ZIP	DV STOKES, E. CHESTER JR 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP BUSH, JOSEPH TAYLOR 9551 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VT FREDENHAGEN, SHARON W 9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S HICE, SHERRY 9551 BAYMEADOWS RD STE 4 JACKSONVILLE FL 32256 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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

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: Sherry Hice **Sherry Hice, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

904/739-2249

Daytime Phone #

CR2E034 (10/00)