

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000061010**

1. Entity Name
STOKES & BUSH PROPERTIES COMPANY, INC.



Principal Place of Business
**4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667**

Mailing Address
**4315 PABLO OAKS COURT, STE. 1
JACKSONVILLE FL 32224-9667**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **59-3522106** Applied 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.
4315 PABLO OAKS CT., STE 1
JACKSONVILLE FL 32224**

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STOKES, E. CHESTER JR 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUSH, JOSEPH TAYLOR 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FREDENHAGEN, SHARON W 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HICE, SHERRY 4315 PABLO OAKS COURT, STE. 1 JACKSONVILLE FL 32224-9667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUNKEL, JOHN C 4315 PABLO OAKS CT., STE 1 JACKSONVILLE FL 32224-9667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	V HALL, SALLY LARKIN 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 32224-9667	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Sherry Hice REQUIRED Hice, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

904/482-1100

Date

Daytime Phone #

6682300
AV

**FILED
Apr 25, 2003 8:00 am
Secretary of State**

04-25-2003 90269 048 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)