

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90066 028 ***150.00

DOCUMENT # P98000067995

1. Entity Name
MAINS SAW COMPANY

Principal Place of Business
1301 RIVERPLACE BLVD., #1009
SUITE 1009
JACKSONVILLE FL 32207

Mailing Address
1301 RIVERPLACE BLVD., #1009
SUITE 1009
JACKSONVILLE FL 32207

2. Principal Place of Business
4555 Emerson Expressway
Suite, Apt. #, etc.
Suite 100

3. Mailing Address
4555 Emerson Expressway
Suite, Apt. #, etc.
Suite 100

City & State
Jacksonville, FL
Zip
32207
Country
USA

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Jacksonville, FL
Zip
32207
Country
USA

4. FEI Number **59-3534837**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PEEK, EUGENE G III
1301 RIVERPLACE BLVD., #1009
SUITE 1009
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Paul D. Shirley
Street Address (P.O. Box Number is Not Acceptable)
4555 Emerson Expressway
Suite 100
City
Jacksonville, FL Zip Code
32207

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 *Paul D. Shirley*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/01
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-ST-ZIP	D/P SHIRLEY, PAUL D 1301 RIVERPLACE BLVD., #1009 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP MAINS, DOUG 1301 RIVERPLACE BLVD., #1009 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PEEK, EUGENE G III 1301 RIVERPLACE BLVD., #1009 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SHIRLEY, PAUL D. 4555 Emerson Expressway, Su 100 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP MAINS, DOUG 4555 Emerson Expressway, Su 100 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRIFFIN, ROY 4555 Emerson Expressway, SU 100 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01
Date

904 3982010
Daytime Phone #

CR2E034 (10/00)