## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State DOCUMENT # **P98000082422** JUNE TERRY ASSOCIATES, INC. 05-04-2001 90043 047 \*\*\*150.00 Principal Place of Business Mailing Address 2260 South third street 2260 SOUTH THIRD STREET JACKSONVILLE BEACH FL JACKSONVILLE BEACH FL 547424 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR 59-3671560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Chester LERNER, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 2260 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32220 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. President/Director Change ☐ Addition PD Delete TITLE TITLE hisa Chester LERNER, JOSEPH A NAME NAME 2260 SiThird Street STREET ADDRESS STREET ADDRESS 2260 SOUTH THIRD STREET Jacksonville Bel 71 32250 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL Vice President/Director Delete Change Addition TITLE TITLE Kenn Terry TERRY, JUNE W NAME NAME 2260 Sithird Street STREET ADDRESS STREET ADDRESS 2260 SOUTH THIRD STREET CITY-ST-ZIP CITY-ST-7IP Jacksonville Beach JACKSONVILLE BEACH FL ☐ Change Addition TITLE STD Delete TITLE CHESTER, LISA NAME NAME STREET ADDRESS 2260 SOUTH THIRD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF

4/30/01

9042417409

Daytime Phone #