

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087158

1. Entity Name

SAN MARCO STYLES, INCORPORATED

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90078 041 ***150.00

Principal Place of Business

Mailing Address

ONE INDEPENDENT DRIVE, STE. 3303
JACKSONVILLE FL 32202

ONE INDEPENDENT DRIVE, STE. 3303
JACKSONVILLE FL 32202-5027



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1546 ATLANTIC BLVD

3. Mailing Address

1546 ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville FLORIDA

Jacksonville FL.

City & State

City & State

4. FEI Number

59-3538308

Applied For

Not Applicable

Zip

32207

Country

Duval

Zip

32207

Country

Duval

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIRCHER, SALLY J
ONE INDEPENDENT DRIVE, STE. 3303
JACKSONVILLE FL 32202

Name

Estelle Medlock - San Marco Styles

Street Address (P.O. Box Number is Not Acceptable)

1546 ATLANTIC BLVD

JACKSONVILLE

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

Estelle Medlock V. Pres Estelle Medlock 3-7-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MEDLOCK, ESTELLE
CITY-ST-ZIP 1504 PALMER TERRACE
JACKSONVILLE FL 32207

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SANDERS, ANNE
CITY-ST-ZIP 5342 ROLLINS AVENUE
JACKSONVILLE FL 32207

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Estelle Medlock V. Pres Estelle Medlock 3-7-00 904-346-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-346-167,