

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90084 011 ***150.00

DOCUMENT # P98000104783

1. Entity Name
SPLIT BILL, INCORPORATED



Principal Place of Business
**3946 MCGIRTS BLVD.
JACKSONVILLE FL 32210**

Mailing Address
**POST OFFICE BOX 12
ORTEGA STATION
JACKSONVILLE FL 32210**

70008940



2. Principal Place of Business

**1805 Copeland St.
Suite, Apt. # etc.
First Floor**

3. Mailing Address

**1805 Copeland St.
Suite, Apt. # etc.
First Floor**

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32204

Country

USA

Zip

32204

Country

USA

4. FEI Number

59-3641475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARHAM, WILLIAM H JR.
3946 MCGIRTS BLVD.
JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

William H. Parham, Jr.

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

1805 Copeland St.

City

**First Floor
Jacksonville**

FL

Zip Code

32204

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

1/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

**P
PARHAM, WILLIAM H JR.**

☐ Delete

NAME

**3946 MCGIRTS ROAD
JACKSONVILLE FL 32210**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VP
O'STEEN, MARK H**

☐ Delete

NAME

**4720 ORTEGA FOREST DRIVE
JACKSONVILLE FL 32210**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**C
O'STEEN, HAROLD S**

☐ Delete

NAME

**4611 ORTEGA BLVD
JACKSONVILLE FL 32210**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VP
O'STEEN, HAROLD S JR**

☐ Delete

NAME

**3320 RIVERSIDE AVENUE
JACKSONVILLE FL 32205**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VP
PARHAM, CHERYL W**

☐ Delete

NAME

**3946 MCGIRTS BLVD.
JACKSONVILLE FL 32210**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

CR2E034 (10/02)

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

904 384-6260

Date

Daytime Phone #