

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90028 050 ***150.00

0062520 AV

DOCUMENT # P98000107229

1. Entity Name

JURNIGAN AND COMPANY

Principal Place of Business

**1330 NW 6TH STREET
 STE A-1
 GAINESVILLE FL 32601**

Mailing Address

**PO BOX 2082
 GAINESVILLE FL 32602**

2. Principal Place of Business

1406 NW 6th St

3. Mailing Address

Suite, Apt. #, etc.

B-1

City & State

GAINESVILLE FL

City & State

Zip

32602

Country

USA

Zip

Country

4. FEI Number

59-3562454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JURNIGAN, MONICA
 17120 SE 148 STREET
 HAWTHORNE FL 32640**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2002 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 **P** ☐ Delete
 NAME **JURNIGAN, JOHN W**
 STREET ADDRESS **17120 SE 148TH ST.**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **S** ☐ Delete
 NAME **JURNIGAN, MONICA**
 STREET ADDRESS **17120 SE 148TH ST**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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: **JOHN JURNIGAN** **2/21/02** **352-376-8080**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)