

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000022814**

1. Entity Name

MAHONEY DISTRIBUTORS OF JACKSONVILLE, INC.**FILED**
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90079 048 ***150.00

0457781

Principal Place of Business

**12217 NOBLEMAN DR.
JACKSONVILLE FL 32223**

Mailing Address

**PO BOX 7806
JACKSONVILLE FL 32238****00029953**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3565467**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAHONEY, TIMOTHY M
12217 NOBLEMAN DR.
JACKSONVILLE FL 32223**

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

Timothy M. Mahoney

(NOTE: Registered Agent signature required when reinstating)

Timothy M. Mahoney

DATE

*3/31/01*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 **TD** ☐ Delete
NAME **MAHONEY, TIMOTHY M**
STREET ADDRESS **12217 NOBLEMAN DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32223**TITLE **S** ☐ Delete
NAME **CRORRY, GRACE M**
STREET ADDRESS **1725 MT VERNON DR**
CITY-ST-ZIP **JACKSONVILLE FL 32210**TITLE **D** ☐ Delete
NAME **MAHONEY, JOHN J III**
STREET ADDRESS **111 FAIRWAY OAKS DR**
CITY-ST-ZIP **ORANGE PARK FL 32073**TITLE **D** ☐ Delete
NAME **ONEN, BRUCE T**
STREET ADDRESS **13700 RICHMOND PARK DR N #506**
CITY-ST-ZIP **JACKSONVILLE FL 32224**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☒ Change ☐ Addition
NAME **CROTTY, Grace M.**
STREET ADDRESS **1725 Mt. Vernon Dr.**
CITY-ST-ZIP **Jacksonville, FL 32210**TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME **chen, Bruce T.**
STREET ADDRESS **13700 Richmond Park Dr. N #506**
CITY-ST-ZIP **Jacksonville, FL 32224**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Mahoney *3/31/01*

Date

Daytime Phone #

(904) 786-5593

CR2E034 (10/00)