

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024405

1. Entity Name

F & P INVESTMENTS OF JACKSONVILLE, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90372 007 ***150.00

Principal Place of Business

Mailing Address

1543 CESERY BLVD.
JACKSONVILLE FL 32211

1543 CESERY BLVD.
JACKSONVILLE FL 32211-5329

2. Principal Place of Business

1543 CESERY BLVD
Suite, Apt. #, etc.

3. Mailing Address

4443 OAK BAY DR. W.
Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

JACKSONVILLE, FL.

4. FEI Number

59-3576022

Applied For

Not Applicable

Zip

32211

Country

FLORIDA

Zip

32277

Country

FLORIDA

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

NEWBILL, FREDERICK D
1543 CESERT BLVD.
JACKSONVILLE FL 32211

Name

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

4443 OAK BAY DR WEST

City

JACKSONVILLE

FL

Zip Code

32277

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, 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	D	☐ Delete
NAME	NEWBILL, FREDERICK D	
STREET ADDRESS	1543 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	☐ Delete
NAME	NEWBILL, PAMELA	
STREET ADDRESS	1543 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	☐ Delete
NAME	GREENE, CECIL J	
STREET ADDRESS	1543 CESERY BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Frederick D Newbill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 904-744-8197

Date Daytime Phone #