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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

## Mar 28, 2001 8:00 am DOCUMENT # P99000024405 Secretary of State F & P INVESTMENTS OF JACKSONVILLE, INC. 03-28-2001 90074 018 \*\*\*150.00 Principal Place of Business Mailing Address 543 CESERY BLVD. 4443 OAK BAY DR. W JACKSONVILLE FL 32211 JACKSONVILLE FL 32277 2. Principal Place of Business 3. Mailing Address PATA ST. SOUTZ MAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3576022 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ひひひれん Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWBILL, FREDERICK D Street Address (P.O. Box Number is Not Acceptable) 4443 OAK BAY DR WEST JACKSONVILLE FL 32277 City 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete NEWBILL, FREDERICK D NAME: NAME -STREET ADDRESS 1543 CESERY BLVD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition **NEWBILL, PAMELA** NAMÉ NAME 1543 CESERY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32211 TITLE Delete TITLE ☐ Change ☐ Addition GREENE, CECIL J NAME NAME 1543 CESERY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32211 TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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