

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90372 047 \*\*\*150.00

**DOCUMENT # P99000026989**

1. Entity Name

**NAT & VAL, INC.**

Principal Place of Business

Mailing Address

1649 W. 29TH ST.  
 JACKSONVILLE FL 32209

1649 W. 29TH ST.  
 JACKSONVILLE FL 32209-3820

040410

2. Principal Place of Business

**2809 ART MUSEUM DR.**

3. Mailing Address

**2809 ART MUSEUM DR.**

Suite, Apt. #, etc.

**104 C**

Suite, Apt. #, etc.

**104C**

City & State

**JACKSONVILLE, FL.**

City & State

**JACKSONVILLE, FL.**

4. FEI Number

**59-3362488**

Applied For

Not Applicable

Zip

**32207**

Country

**DUVAL**

Zip

**32207**

Country

**DUVAL**

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

**JONES, WARREN L**  
**1649 W. 29TH ST.**  
**JACKSONVILLE FL 32209**

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

**WARREN L. JONES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-21-00**

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

**\$5.00** May Be

Trust Fund Contribution. ☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **JONES, WARREN L**  
 STREET ADDRESS **1649 W. 29TH ST.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**421-00 904-399-1900**

CR2E034 (5/99)