

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000026989

1. Entity Name

NAT & VAL, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7833 DENHAM Rd East

3. Mailing Address

7833 DENHAM Rd. East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL.

4. FEI Number

59-3362488

Applied For

Not Applicable

Zip

32208

Country

DUVAL

Zip

32208

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name WARREN L. JONES

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

7833 DENHAM Rd East

City JACKSONVILLE

FL

Zip Code 32208

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Warren L. Jones

WARREN L. JONES

April 25, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WARREN L. JONES
7833 DENHAM Rd East
Jax, FL 32208

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500018318465
05/07/03--01014--006 **150.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Warren L. Jones

WARREN L. JONES

April 25, 2003 (904) 764-9173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)