

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90066 037 ***150.00

DOCUMENT # P99000031310

1. Entity Name
J.S. KARLTON COMPANY OF FLORIDA, INC.



Principal Place of Business
**BELL SOUTH TOWER
301 W BAT STREET STE 300
JACKSONVILLE FL 32202**

Mailing Address
**15 VALLEY DRIVE, SUITE 300
GREENWICH CT 06831**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **06-1548078**

Applied For
Not Applicable

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

**RAX CO.
C/O MCGUIRE WOODS BATTLE & BOOTHE LLP
50 NORTH LAURA STREET SUITE 3300
JACKSONVILLE FL 32202**

Name **CORPORATION-SERVICE COMPANY**
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City **TALLAHASSEE** FL Zip Code **32301-2525**

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

Vice President - CHRISTOPHER QUIMBY 2/28/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KARLTON, JOHN S**
STREET ADDRESS **15 VALLEY DRIVE**
CITY-ST-ZIP **GREENWICH CT 06831**

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

TITLE **PD** ☐ Delete
NAME **RESTIFO, PHIL**
STREET ADDRESS **15 VALLEY DRIVE**
CITY-ST-ZIP **GREENWICH CT 06831**

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

TITLE **VP Secy** ☐ Delete
NAME **LIPKINS, STEPHENS**
STREET ADDRESS **15 VALLEY DRIVE**
CITY-ST-ZIP **GREENWICH CT 06831**

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHENS LIPKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/03
Date

203 629 5333
Daytime Phone #

0614958 AI

CR2E034 (10/02)