

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0626290 AT

DOCUMENT # P99000061198

1. Entity Name
REFLECTIONS JEWELRY, INC.

04-01-2002 90659 021 ***150.00

Principal Place of Business
**416 MAIN STREET
 LAKE VILLAGE AR 71653**

Mailing Address
**P.O. BOX 767
 LAKE VILLAGE AR 71653**



2. Principal Place of Business
8930 WESTERN WAY

3. Mailing Address
8930 WESTERN WAY

Suite, Apt. #, etc.
180

Suite, Apt. #, etc.
180

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE FLORIDA

4. FEI Number
59-3585700

Applied For
 Not Applicable

Zip
32256

Country
DUVAL

Zip
32256

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

**BOYLES, DARRELL E
 7014 AC SKINNER PKWY
 SUITE 290
 JACKSONVILLE FL 32256**

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

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVP
 RAY, J G JR
 7014 AC SKINNER PKWY, STE 290
 JACKSONVILLE FL 32256** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 FRANCIS, JAMES D
 7014 AC SKINNER PKWY, STE 290
 JACKSONVILLE FL 32256** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DVP
 FRANCIS, JAMES D
 7014 A.C. SKINNER PARKWAY, STE 290
 JACKSONVILLE FL 32256** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPT
 BOYLES, DARRELL E
 8837 CANARY OAKS DRIVE
 JACKSONVILLE FL 32256** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 HEILMAN, BARRY L
 10550-712 BAYMEADOWS ROAD
 JACKSONVILLE FL 32256** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 WAITTEN, TODD G
 1929 LAKEHILL ROAD
 LAKE VILLAGE AR 71653** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 WHITTEN, TODD G
 10000 GATE PARKWAY N, APT 825
 JACKSONVILLE FL 32246** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 INMAN, RONALD C
 5555 COTTAGE PARK ROAD
 ALPHARETTA, GA 30022** ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02
 Date

904-538-9931
 Daytime Phone #

CR2E034 (9/01)