

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063445

1. Entity Name

N. ROSCOE BLVD., INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90200 020 ***150.00

Principal Place of Business

Mailing Address

4540 SOUTHSIDE BLVD. SUITE 302
JACKSONVILLE FL 32216

4540 SOUTHSIDE BLVD. SUITE 302
JACKSONVILLE FL 32216-5488

2. Principal Place of Business

9551 BAYMEADOWS RD

3. Mailing Address

9551 BAYMEADOWS RD

Suite, Apt. #, etc.

SUITE 4

Suite, Apt. #, etc.

SUITE 4

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3588240

Applied For

Not Applicable

Zip
32256

Country
US

Zip
32256

Country
US

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

HURST, CHRISTOPHER J
4540 SOUTHSIDE BLVD. SUITE 302
JACKSONVILLE FL 32216

Name
STOKES, E CHESTER JR

Street Address (P.O. Box Number is Not Acceptable)
9551 BAYMEADOWS RD SUITE 4

City
JACKSONVILLE

FL

Zip Code
32256

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 name and title of agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/00

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, 2000 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	D HURST, CHRISTOPHER J 4540 SOUTHSIDE BLVD. SUITE 302 JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOKES, E CHESTER JR 9551 BAYMEADOWS RD, SUITE 4 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRAREN, MICHAEL E 9551 BAYMEADOWS RD, SUITE 4 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FREDENHAGEN, SHARON W 9551 BAYMEADOWS RD, SUITE 4 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HICE, SHERRY 9551 BAYMEADOWS RD, SUITE 4 JACKSONVILLE, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sherry Hice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherry Hice, Secretary

3/31/00

Date

904/739-2249

Daytime Phone #

CR2E034 (9/99)