

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 036 ***150.00

DOCUMENT # P99000067943

1. Entity Name

JACKSONVILLE RESTORATION & PRESERVATION SERVICES

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4579 LENOX AVE.

3. Mailing Address
4579 LENOX AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL

JACKSONVILLE, FL

4. FEI Number
593606193

Applied For
Not Applicable

Zip
32205

Country
USA

Zip
32205

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

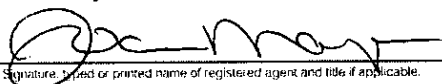
7. Name and Address of Current Registered Agent

Name
MANGE, JOANN

Street Address (P.O. Box Number is Not Acceptable)
4579 LENOX AVE.

City
JACKSONVILLE FL Zip Code
32205

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 

4/15/02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
D
MANGE, JOANN
STREET ADDRESS
4579 LENOX AVE.
CITY- ST- ZIP
JACKSONVILLE, FL 32205

TITLE
NAME
D
MANGE, JR, JOSEPH W.
STREET ADDRESS
4579 LENOX AVE.
CITY- ST- ZIP
JACKSONVILLE, FL 32205

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

4/15/02 904-786-9476

Daytime Phone #

CR2E034B (12/01)