

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90023 008 ***150.00

0002828 AV

DOCUMENT # P99000074988

1. Entity Name
GRAND CENTRAL OF JAX, INC.

Principal Place of Business
**7695 MERRILL ROAD
 JACKSONVILLE FL 32211**

Mailing Address
**837 NORTH STREET
 JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3576711**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**NIPPER, JAMES L
 200 WEST FORSYTH STREET, STE. C6
 JACKSONVILLE FL 32202**

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!!! FEES \$550.00
After September 12, 2001 fee will be \$750.00
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 **PD COMBS, ROGER L JR.** ☐ Delete
 STREET ADDRESS **12844 ISLEWORTH DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE
 NAME **STD COMBS, TERRI R** ☐ Delete
 STREET ADDRESS **12844 ISLEWORTH DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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 COMBS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-01

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
#P99000074988
773343

Florida Department of State

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Maam,

Upon calling your office to state we had not received our initial notice to file the 2001 Uniform Business Report, your office said to send a note stating such and pay the fee of \$150.00. Grand Central Station, has been in operation only since December of 2000 and that may have been the problem with getting the form to the right address. If you have any questions please call me at 904-762-1216.
Thank you very much

Terri Combs
Grand Central Station