

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086882

1. Entity Name

MORALES INVESTMENTS OF JACKSONVILLE, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90072 028 ***150.00

Principal Place of Business

Mailing Address

6950 PHILIPS HWY STE 15
JACKSONVILLE FL 32216

6950 PHILIPS HWY STE 15
JACKSONVILLE FL 32216-6062

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

59-3601740

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

FRAZIER, W. R
1515 RIVERSIDE AVE STE A
JACKSONVILLE FL 32204

Name

Marcia M. Howard

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

3300 Barnett Center

50 N Laura Street

City

Jacksonville

FL

Zip Code

32201

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

Marcia M. Howard

Marcia M. Howard, Director

3/31/2000

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME D
STREET ADDRESS MORALES, RICARDO III
CITY-ST-ZIP 6950 PHILIPS HWY STE 15
JACKSONVILLE FL 32216

TITLE ☒ Change ☐ Addition
NAME Vice President/Treasurer &
STREET ADDRESS Director
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KING, T. F III
CITY-ST-ZIP 6950 PHILIPS HWY STE 15
JACKSONVILLE FL 32216

TITLE ☒ Change ☐ Addition
NAME President & Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HOWARD, MARCIA M
CITY-ST-ZIP 6950 PHILIPS HWY STE 15
JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vice President/Secretary
STREET ADDRESS Laurence W. Howard, III
CITY-ST-ZIP 6950 Phillips Hwy, Ste 15
Jacksonville, FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Assistant Secretary
STREET ADDRESS Janette H. Simmons
CITY-ST-ZIP 6950 Phillips Hwy, Ste 15
Jacksonville, FL 32216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

T. Fitch King, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Fitch King, III

Date

4/3/2000 (904)296-3232

Daytime Phone #

CR2E034 (9/99)