

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90416 001 ***150.00

DOCUMENT # P99000086882

1. Entity Name
MORALES INVESTMENTS OF JACKSONVILLE, INC.



Principal Place of Business
**6950 PHILIPS HWY STE 15
JACKSONVILLE FL 32216**

Mailing Address
**6950 PHILIPS HWY STE 15
JACKSONVILLE FL 32216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**HOWARD, MARCIA M
50 N LAURA ST SUITE 300
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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPTD	<input type="checkbox"/> Delete
NAME	MORALES, RICARDO III	
STREET ADDRESS	6950 PHILIPS HWY STE 15	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KING, T. F III	
STREET ADDRESS	6950 PHILIPS HWY STE 15	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, MARCIA M	
STREET ADDRESS	6950 PHILIPS HWY STE 15	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HOWARD, LAURENCE W III	
STREET ADDRESS	6950 PHILIPS HWY STE 15	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SIMMONS, JANETTE H	
STREET ADDRESS	6950 PHILIPS HWY STE 15	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

2/26/03

Date

(904) 296-3232

Daytime Phone #