

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90741 031 ***150.00

DOCUMENT # P99000107660

1. Entity Name

JACALONE SERVICES, INC.



Principal Place of Business

2405 US 1 SOUTH
ST AUGUSTINE FL 32086

Mailing Address

2405 US 1 SOUTH
ST AUGUSTINE FL 32086

2. Principal Place of Business

516 OLD GOVERNORS WAY

3. Mailing Address

(SAME) 516 OLD GOVERNORS WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUG, FL

City & State

1 ST AUG, FL

4. FEI Number

59-3612428

Applied For

Not Applicable

Zip

32086

Country

US

Zip

32086

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

O'CONNELL, HENRY

2200 N. PONCE DE LEON BLVD

ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

TITLE P
NAME JACALANE, MARC A
STREET ADDRESS 2425 US 2 SOUTH
CITY-ST-ZIP SAINT AUGUSTINE FL 32086 ☒ Delete

TITLE VP
NAME JACALANE, TERESA
STREET ADDRESS 2425 US 2 SOUTH
CITY-ST-ZIP SAINT AUGUSTINE FL 32086 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JACALANE, MARC
NAME PRES.
STREET ADDRESS 516 OLD GOVERNORS WAY
CITY-ST-ZIP ST. AUG. FL 32086 ☒ Change ☐ Addition

TITLE VP
NAME TERESA JACALONE
STREET ADDRESS 516 OLD GOVERNORS WAY
CITY-ST-ZIP ST. AUG. FL 32086 ☒ Change ☐ Addition

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

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

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

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

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:

Marc Jacalone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-03

(904)
797-1972

CR2E034 (10/02)