

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 91006 034 \*\*\*158.75

0020466 AV

DOCUMENT # S05330

1. Entity Name

COLE, STONE, STOUDEMIRE &amp; MORGAN, INC.

Principal Place of Business

76 SOUTH LAURA  
 SUITE 1700  
 JACKSONVILLE FL 32202

Mailing Address

76 SOUTH LAURA  
 SUITE 1700  
 JACKSONVILLE FL 32202

2. Principal Place of Business

201 N. Hogan Street

Suite, Apt. #, etc.

Suite 200

City &amp; State

Jacksonville, FL

Zip

32202

Country

3. Mailing Address

201 N. Hogan Street

Suite, Apt. #, etc.

Suite 200

City &amp; State

Jacksonville, FL

Zip

32202

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3044449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

COLE, ROBERT A  
 76 S LAURA ST STE 1700  
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

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

201 N. Hogan Street

Suite 200

City

Jacksonville,

FL

Zip Code  
32202

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!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE NAME	DP COLE, ROBERT A.	<input type="checkbox"/> Delete
STREET ADDRESS	76 S LAURA ST, STE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	DS STONE, WILLIAM T.	<input type="checkbox"/> Delete
STREET ADDRESS	76 S LAURA ST, STE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	DT STOUDEMIRE, RICHARD M.	<input type="checkbox"/> Delete
STREET ADDRESS	76 S LAURA ST, STE 1700	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE NAME	DV MORGAN, MARY N	<input type="checkbox"/> Delete
STREET ADDRESS	76 S LAURA STREET SUITE 1700	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	201 N. Hogan Street, Suite 200
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	201 N. Hogan Street, Suite 200
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	201 N. Hogan Street, Suite 200
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	201 N. Hogan Street, Suite 200
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/02

(904) 3539664

CR2E034 (9/01)