

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S08363

1. Entity Name

ELLIOTT INVESTMENTS OF JACKSONVILLE, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90346 017 ***150.00

Principal Place of Business

3607 CAMELON CROSSING DR
JACKSONVILLE FL 32223
US

Mailing Address

3607 CAMELON CROSSING DR
JACKSONVILLE FL 32223
US

A0028742



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1111-70 SAN JOSE BLVD
Suite, Apt. #, etc.

1111-70 SAN JOSE BLVD
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3032552

Applied For

Not Applicable

Zip

Country

Zip

Country

32223

USA

32223

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

FEREBEE, DAVID B.
503 EAST MONROE STREET
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!!! FEE IS \$150.00
After MAY 1, 2001 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 D
NAME ELLIOTT, WILLIAM L.
STREET ADDRESS 1814 GRASSINGTON WAY N.
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME WILLIAM A. ELLIOTT
STREET ADDRESS 3607 CAMELON CROSSING DR
CITY-ST-ZIP JACKSONVILLE, FL 32223

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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

2/25/01

Date

9072626360

Daytime Phone #

CR2E034 (10/00)