

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S17149

1. Entity Name

STATION MANAGEMENT & CONSULTANTS, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90103 034 ***150.00

Principal Place of Business

8018 NORMANDY BLVD.
JACKSONVILLE FL 32221-6647

Mailing Address

8018 NORMANDY BLVD.
JACKSONVILLE FL 32221-6647

2. Principal Place of Business

1618 DEBUTANTE DR
Suite, Apt. #, etc.

3. Mailing Address

1618 DEBUTANTE DR
Suite, Apt. #, etc.

City & State

JAX, FL

City & State

JAX, FLA

4. FEI Number 59-3037342

Applied For
Not Applicable

Zip

32246

Country

USA

Zip

32246

Country

USA

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

ELKINS, HAROLD
MARCOIN BUSINESS SERVICES
6061 MERRILL ROAD
JACKSONVILLE FL 32277

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 CRAYTON, LOUIS B.
STREET ADDRESS 8018 NORMANDY BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. B. CRAYTON

Date

1/15/01

Daytime Phone #

9045680393

CR2E034 (10/00)