

**2001 UNIFORM BUSINESS REPORT (UBR)**

AMENDED

DOCUMENT # **S18048**

1. Entity Name  
**FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.**

FILED

01 MAR -6 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
10110 SAN JOSE BLVD. 10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257 JACKSONVILLE FL 32257  
US US

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. # etc. Suite, Apt. # etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3039408** Applied For Not Applicable  
5. Certificate of Status Des rec  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**JETER, WILLIAM H**  
**10110 SAN JOSE BOULEVARD**  
**JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**700003828567**  
**-03/09/01--01103--010**  
City  
**\*\*\*\*\*51.FL \*\*\*\*\*51.25**

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 the applicator. NOTE: Registered Agent signature required when re-registering. 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BOWLUS, MICHEAL</b>	
STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	<b>JETER, WILLIAM H JR</b>	
STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	<b>DUSS, JOHN S IV</b>	
STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWLUS, MICHAEL</b>	
STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE, FLORIDA 32257</b>	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JETER, WILLIAM H. JR.</b>	
STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE, FL 32257</b>	
TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUSS, JOHN S. IV</b>	
STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE, FL 32257</b>	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORGAN, ROBERT M.</b>	
STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE, FL 32257</b>	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNEY, THERESA M.</b>	
STREET ADDRESS	<b>10110 SAN JOSE BOULEVARD</b>	
CITY-STATE-ZIP	<b>JACKSONVILLE, FL 32257</b>	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. 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, changed, or on an attachment with an address with a different name.

SIGNATURE: *[Signature]* **2-28-01** **904-268-7227**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR