

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83213

1. Entity Name

OBCO, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90221 041 \*\*\*150.00

Principal Place of Business

Mailing Address

11217 SAN JOSE BLVD  
JACKSONVILLE FL 32223

11217 SAN JOSE  
JACKSONVILLE FL 32223-7230  
US

2. Principal Place of Business

3030 Hartley Road

3. Mailing Address

3030 Hartley Road

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32257

Country

Duval

Zip

32257

Country

Duval

4. FEI Number

59-3089994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HINSON, DONALD P  
11217 SAN JOSE BOULEVARD  
STE 2440  
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Clifford B. Newton

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

10192 San Jose Boulevard

City

Jacksonville

FL

Zip Code

32257

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS HUTSON, DAVID W.  
CITY-ST-ZIP 11217 SAN JOSE BLVD  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HINSON, DONALD P  
CITY-ST-ZIP 11217 SAN JOSE BLVD  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME V  
STREET ADDRESS HUTSON, NANCY  
CITY-ST-ZIP 11217 SAN JOSE BLVD.  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME V  
STREET ADDRESS HUTSON, KIMBERLY  
CITY-ST-ZIP 11217 SAN JOSE BLVD  
JACKSONVILLE FL

TITLE ☐ Delete  
NAME S  
STREET ADDRESS COX, ELINORE C  
CITY-ST-ZIP 11217 SAN JOSE BLVD  
JACKSONVILLE FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3030 Hartley Road, Suite 100  
CITY-ST-ZIP Jacksonville, Florida 32257

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3030 Hartley Road, Suite 100  
CITY-ST-ZIP Jacksonville, Florida 32257

TITLE ☒ Change ☐ Addition  
NAME  
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CITY-ST-ZIP Jacksonville, Florida 32257

TITLE ☐ Change ☐ Addition  
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:

*Elinore C. Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elinore C. Cox

Date

Daytime Phone #

904/262-7718

CR2E034 (9/99)