

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V46247

1. Entity Name

ALL FLORIDA ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

3837 HARBOR DR.
JACKSONVILLE FL 32202
US

P.O. BOX 10024
JACKSONVILLE FL 32247-0024
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 59-3131011

Applied For
Not Applicable

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

BOYD, JAMES R. III
3837 HARBOR DR.
JACKSONVILLE FL 32207

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 of registered agent or director (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 | DS | <input type="checkbox"/> Delete |
| NAME | BOYD, BENITA S | |
| STREET ADDRESS | 3837 HARBOR DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOYD, OLETHA W. | |
| STREET ADDRESS | 3964 SAN JOSE BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOYD, ALYCE B | |
| STREET ADDRESS | 1609 N.W. 19TH CIRCLE | |
| CITY-ST-ZIP | GAINESVILLE FL 32605 | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | BOYD, III J R. | |
| STREET ADDRESS | 3837 HARBOR DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOYD, IDA B | |
| STREET ADDRESS | 6000 3A SAN JOSE BLVD | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOWER, JEAN H | |
| STREET ADDRESS | 2409 CHADFORD WAY | |
| CITY-ST-ZIP | LOUISVILLE KY 40222 | |

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Boyd III
SIGNED PRES

Date

Daytime Phone #

1-4-2000 904-398-05

FILED
Jan 12, 2000 8:00 am
Secretary of State
01-12-2000 90027 038 ***150.00



DO NOT WRITE IN THIS SPACE