

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90204 002 ***150.00

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1. Entity Name
JACK FAULKS P.A.



Principal Place of Business
833 CARRICK BEND CIRCLE
BONITA SPRINGS FL 34410

Mailing Address
PO BOX 3148
BONITA SPRINGS FL 34133

OK

11033399



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

NAPLES UNIT #102

Suite, Apt. #, etc.

City & State

NAPLES FL.

City & State

4. FEI Number **65-0345252**

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FAULKS, JOHN M.
833 CARRICK BEND CIR
SUITE 102
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

34110

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John M. Faulks

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FAULKS, JACK M**
STREET ADDRESS **833 CARRICK BEND CIRCLE**
CITY-ST-ZIP **BONITA SPRINGS FL 34110**

TITLE **S** ☐ Delete
NAME **FAULKS, MARGARET T**
STREET ADDRESS **833 CARRICK BEND CIRCLE**
CITY-ST-ZIP **BONITA SPRINGS FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **UNIT 102**
CITY-ST-ZIP **NAPLES, FL. 34110**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **NAPLES, FL. 34110**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Faulks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April 2003

Date

Daytime Phone #

(229) 593-4318

CR2E034 (10/02)