## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#** V55274



**FILED** May 01, 2003 8:00 am Secretary of State

CHURCHILL PROPERTIES, INC.					)	05-01-2003 90	0151 049	9 ***150	0.00	
Principal Place of Business 2707 CHRISTOPHER CRK RD JACKSONVILLE FL 32217 US  Mailing Address P.O. BOX 5761 JACKSONVILLE FL 32247 US										
Principal Place of Business     Address     Mailing Address							I <b>ci ois</b> ii cieli	Didii Eleli I		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	e	City & State			4. FEI N	F0-313/1398			oplied For ot Applicable	
Zip Country		Zip Country		try	5. Certificate of Status Desired Fee			8.75 Additional e Required		
	6. Name and Address of Curren	Registered Agent			7. Name	and Address of New Reg				
		_ • •e		Name	î –				1	
MONROE, VAN S. 2707 CHRISTOPHER CREEK RD N				Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL 32217										
				City	FL Zip Code					
the obligat	named entity submits this statement files of registered agent.  Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$150.00			d Agent signature require			DATE	Timed Willi,		
After Make Check		9	<ul> <li>Election Campaign Finan Trust Fund Contribution.</li> </ul>	cing		0 May Be d to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIO	ONS/CHANGES TO OFFICE	ERS AND D	RECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MONROE, VAN S. 2707 CHRISTOPHER CREEK RO JACKSONVILLE FL	☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONROE, JANE H 2707 CHRISTOPHER CREEK RO JACKSONVILLE FL	□ Delete					[	Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				-	[	Change	☐ Addition	
TITLE NAME , STREET ADDRESS ; CITY-ST-ZIP		☐ Delete					[	Change	Addition	

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 ripport 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 regeiver of 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, withall other like empowered.

SIGNATURE:

V.S.MONROE

4/16/03

636-0098