

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001063

Entity Name: I3-JAX, INC.**Current Principal Place of Business:**2821 RIVERSIDE AVE
JACKSONVILLE, FL 32205**Current Mailing Address:**2821 RIVERSIDE AVE
JACKSONVILLE, FL 32205**FEI Number:** 45-4403411**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOOD, WAYNE MR.
2821 RIVERSIDE AVE
JACKSONVILLE, FL 32205 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title MR.
Name WOOD, WAYNE
Address 2821 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL

Title MR.
Name PRESCOTT, BILL
Address 2821 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32205

Title MS.
Name LORINCE, TERRY
Address 2821 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32205

Title MS.
Name BRUNET-GARCIA, DIANE
Address 2821 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32205

Title MR.
Name CAVIN, VINCE
Address 2821 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name FLAGG, CHRIS
Address 2821 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name FIELD, MIKE
Address 2821 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name MEHTA, JASON
Address 2821 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JASON MEHTA**DIRECTOR****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date