

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90101 014 \*\*\*550.00

DOCUMENT # P01000103593

1. Entity Name  
 TABBSTONE CO.

Principal Place of Business  
 C/O WILLIAM L. DURDEN  
 225 WATER ST SUITE 900  
 JACKSONVILLE FL 32202

Mailing Address  
 C/O WILLIAM L. DURDEN  
 225 WATER ST SUITE 900  
 JACKSONVILLE FL 32202

2. Principal Place of Business

123 Wamsley Rd.  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
JACKSONVILLE, FL

City &amp; State

Zip  
32254Country  
USA

Zip

Country

4. FEI Number 59-3756818

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

DURDEN, WILLIAM L.  
 225 WATER STREET  
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name C/O RICHARD C. PEPPER  
 Street Address (P.O. Box Number is Not Acceptable)  
 8833 PERIMETER PARK BLVD, SUITE 602  
 City JACKSONVILLE FL Zip Code 32216

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

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

(NOTE: Registered Agent signature required when renewing)

8-28-02

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 D  
 NAME ROBERTS, MATTHEW J  
 STREET ADDRESS 225 WATER STREET STE 900  
 CITY-ST-ZIP JACKSONVILLE FL 32202

Delete

TITLE D  
 NAME MELANCON, DEJEAN JR  
 STREET ADDRESS 225 WATER STREET STE 900  
 CITY-ST-ZIP JACKSONVILLE FL 32202

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PRESIDENT  
 NAME DEJEAN MELANCON JR.  
 STREET ADDRESS 675 BEACH AVENUE  
 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02 904-378-5525  
 Date Daytime Phone #