

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90143 014 ***150.00

DOCUMENT # P95000073617

1. Entity Name

THE C 3 COMPANY OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

**4102 ROBIN HOOD ROAD
 JACKSONVILLE FL 32210**

**4102 ROBIN HOOD ROAD
 JACKSONVILLE FL 32210-5856**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3335226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPON, RICHARD W
 4102 ROBIN HOOD ROAD
 JACKSONVILLE FL 32210**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	CAPON, RICHARD W	
STREET ADDRESS	4102 ROBIN HOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CAPON, THOMAS J	
STREET ADDRESS	209 MORGANS LANDING DRIVE	
CITY-ST-ZIP	DUWOODY GA 30350	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CAPON, MICHAEL H	
STREET ADDRESS	209 MORGANS LANDING DRIVE	
CITY-ST-ZIP	DUWOODY GA 30350	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard W. Capon **RICHARD W. CAPON**

4-18-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)