## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 26, 2000 8:00 am **DOCUMENT # 277654** Secretary of State DOSTIE INVESTMENTS, INC. 02-26-2000 90007 032 \*\*\*150.00 Mailing Address Principal Place of Business 6924 DISTRIBUTION AVE S DISTRIBUTION AVE. S IACKSONNIII F FL 32256 JACKSONVILLE FL 32256-2743 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1100817 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOSTIE, RICHARD R Street Address (P.O. Box Number is Not Acceptable) 6924 DISTRIBUTION AVE S JACKSONVILLE FL 32256 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITLE DOSTIE, J. RENE NAME NAME 6924 DISTRIBUTION AVE S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Addition ☐ Delete ☐ Change TITLE DOSTIE, DORIS NAME STREET ADDRESS 6924 DISTRIBUTION AVE S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Change Addition TITLE TITLE DOSTIE, RICHARD R. NAME NAME STREET ADDRESS 6924 DISTRIBUTION AVE S STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP Secretary DAVID O. Change Addition ☐ Delete TITLE TITLE. DOSTIE, DAVID O. NAME NAME 924 DiSTRIBUTION AV Su STREET ADDRESS STREET ADDRESS 6924 DISTRIBUTION AVE S CITY-ST-ZIP KSONVILLA FI CITY-ST-ZIP JÁCKSONVILLE FL eNe DOSTIE JR. 🔽 Addition TITLE ☐ Delete TITLE NAME 6924 DISTRIBUTION AV. DU NAME STREET ADDRESS STREET ADDRESS JACKSON VILLE, FI. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition Change TITLE TITLE NAME NAME

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 trusted employees do 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 a raddings, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00 Date

Daytime Phone #

CR2F034 (9/