2000	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)

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DOCU 1. Entity Nam	MENT#	9	•	2				
I	H & J SALES, INC.	" " " " " " " " " " " " " " " " " " "	, 155			FILED	t	
Principal Plac	e of Business	Mailing Address	<u>aua</u>	<u>-</u>	00	DEC 28 PM	3: 05	
	: Island,	1665 Sandpiper Merritt Island	r St. d, FL	32952		CRETARY OF S AHASSEE FLO		
	ace of Business  t Island, FL  #, etc.	3. Mailing Address 1665 Sandpipe Suite, Apt. #, etc.	er St.		Action 1 to 1 to 1	SPORT PAC		<u>50</u>
City & State Merrit	et Island, FL	City & State Merritt Isla	nd, FL	· .	4. FEI Number 59 -115568	27	Not A	pplicable
Zip 32952	Country Brevard 6. Name and Address of Currer	Zip	Country Brevar	d	5. Certificate of Status Desi	ired  Fee	75 Addition	nal
	6. Name and Address of Currer	nt Registered Agent	Nan	ne Bah	7. Name and Address of N	lew Registered Agen	<u> </u>	
1	Bobby E. Hurst 665 Sandpiper St Merritt Island, F		Stre	eet Address (F	Box Humber is Not Acce	ptable 54		
	,		City	City Merrit Island FL 38982				2
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 talle it applicable.  (NOTE, Registered Agent signature required then reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible  Tax filling requirement and elects to do so.  (See criteria on back)  Make Check Payable to Department of State								
11.		D DIRECTORS  Cher Delete	12.	Ore	ADDITIONS/CHANGES TO SIDERT Y SECRET			
NAME STREET ADDRESS CITY-ST-ZIP	Mary E. Mohrbad Secretary on 84 Up and FL &	12803	NAME STREET ADDR CITY-ST-ZIP	Bob	by E Hurst 5 Sandpiper S with Island f	. 9	• -	CRZE034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AOOR CITY-ST-ZIP			11/09/0101	Change — [ 029——0 ****50	001
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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 phapter 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 impowered.								
SIGNATURE: Bobby E. Hurst 10-19-00 321-453-0439  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR Date Of SIGNING OFFICER OR PRINTED NAME O								

2000 

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