

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 OCT 30 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---------|---|---------|
| DOCUMENT # 411916 ? | | | |
| 1. Entity Name JACK D. SOLES, INC. | | | |
| Principal Place of Business 201 MANLEY Rd. WAUCHULA, FL. 33873 | | Mailing Address 201 MANLEY Rd. WAUCHULA, FL. 33873 | |
| 2. Principal Place of Business | | 3. Mailing Address 201 MANLEY Rd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|-------------------------------|
| 4. FEI Number 59-1418065 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent EVELYN H. SOLES 201 MANLEY Rd. WAUCHULA, FL. 33873 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 201 MANLEY Rd. City FL Zip Code 33873 | |
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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.

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|---|--|---|--|
| 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) <input type="checkbox"/> | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |

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|--|---|---------------------------------|--|---|--|---|--|
| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES. JACK D. SOLES 201 MANLEY Rd WAUCHULA, FL. 33873 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. EVELYN SOLES 201 MANLEY Rd WAUCHULA, FL. 33873 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC. J. RUSSELL SOLES 619 MAUDE Rd. WAUCHULA, FL 33873 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | * 2000 Report Returned by Post Office | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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.

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|--|---------|-----------------|
| SIGNATURE: EVELYN H. SOLES | 10/9/00 | 863-773-6025 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |

CR2E034 (5/00)