2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State **DOCUMENT # 607040** 1. Entity Name MCRAE FLA. ENTERPRISES, INC. 05-03-2001 90054 038 ***150.00 Principal Place of Business Mailing Address RR 5030 - CR 214 RR 5030 - CR 214 KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32656 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1905217 Not Applicable Zip 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 KIRKLAND, NANCY Street Address (P.O. Box Number is Not Acceptable) RR 5030 CR 214 **KEYSTONE HEIGHTS FL 32656** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 .9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. **PST** Change ☐ Addition ☐ Delete TITLE TITLE KIRKLAND, NANCY NAME STREET ADDRESS P O BOX 661 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Keystone Hghts Fi ☐ Delete ☐ Change Addition TiTl F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dèlètē TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: AND HOLD SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT

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