

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002629

1. Entity Name

ANNO DOMINI, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90103 040 ****61.25

Principal Place of Business

Mailing Address

3581 CARDINAL PT DR
JACKSONVILLE FL 32257
US

P.O. BOX 32405
JAX FL 32237-0405
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-0799236

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W WARD RAINNIE - COMPASS BANK
76 SO LAURA ST STE 500
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

4304 FALLING LEAF CT.

City

JACKSONVILLE,

FL

Zip Code

32258

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BOWERS, JOHN
STREET ADDRESS 2911 SCOTT MILL LANE
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TDS ☐ Delete
NAME JENKINS, KATHLEEN
STREET ADDRESS 10467 DOCKSIDER DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILBERT, DAVID
STREET ADDRESS 4327 RUSTLING LEAF LANE
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHILLING, MARTY
STREET ADDRESS 3385 CHEYENNE LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME RAINNIE, WARD
STREET ADDRESS 4304 FALLING LEAF COURT
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME STRATHMANN, DAVID
STREET ADDRESS 12451 MUSCOVY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. WARD RAINNIE

Date

4/14/00

Daytime Phone #

904-307-4885

CR2E037 (9/99)