

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G91015

1. Entity Name

LOCAL INDUSTRIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90310 011 ***150.00

Principal Place of Business

240 E PALMETTO AVE STE 110
LONGWOOD FL 32750-7402
US

Mailing Address

240 E PALMETTO AVE STE 110
LONGWOOD FL 32773-9469
US

2. Principal Place of Business

500 NORTH WAY
Suite, Apt. #, etc.

3. Mailing Address

500 NORTH WAY
Suite, Apt. #, etc.

City & State

SANFORD, FLORIDA

City & State

SANFORD, FLORIDA

4. FEI Number

59-2434746

Applied For

Not Applicable

Zip

32773

Country

SEMINOLE

Zip

32773

Country

SEMINOLE

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

MILLER, JAMES H.

240 E PALMETTO AVE

STE 110

LONGWOOD FL 32750

500 NORTH WAY
SANFORD, FL 32773

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLER, JAMES H.
STREET ADDRESS 240 E PALMETTO AVE STE 110
CITY-ST-ZIP LONGWOOD FL 32750

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ 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.

SIGNATURE:

James H. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

407-688-0330

CR2E034 (9/99)