2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Aug 17, 2000 8:00 am Secretary of State **DOCUMENT # H29267** 1. Entity Name JACKIE & CAROL ENTERPRISES, INC. 08-17-2000 90105 015 ***150.00 . 2 2 4 5 4 4 3 3 4 1 . Principal Place of Business A 18 25 4 Mailing Address 7050 BROAD ST 😤 7050 BROAD ST BROOKSVILLE FL 34601 BROOKSVILLE FL 34601-5533 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-245 1600 Not Applicable Zip Country 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 GIST. CHARLES R.~ Street Address (P.O. Box Number is Not Acceptable) 7124 D BARELAY AVE **BROOKSVILLE FL 34609** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 扩展 (249)。作的 新野 鲁大学 Delete TITLE Change TITLE Gist, Charles K GIST, CHARLES R. NAME NAME STREET ADDRESS STREET ADDRESS **805 BUENA VISTA** CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** ☐ Addition ☐ Change ☐ Delete TITLE MORGAN, JACQUALINE NAME NAME STREET ADDRESS STREET ADDRESS 9110 DEVILSNECK RD CITY-ST-782 CITY-ST-ZIP FLORAL CITY FL 34436 C Gelete TITLE ☐ Change ☐ Addition GIST. MICHAEL R NAME NAME STREET ADDRESS STREET ADDRESS **506 LAKE STREET** CITY-ST-ZIP CITY-ST-ZIP INVERNESS FL TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 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.

. . Daytime Phone #

Date

Attachment
H29867
DW79836

8/14/2000

REF: UNIFORM BUSINESS REPORT

To whom it may concern,

In reference to the UBR that we have received, we are just now sending it in because our secretary has been out. Her son has been very sick and the doctors can not figure out what is wrong with him. She has gone so far as to take a trip to Miami All Childrens hospital to try to determine the cause of his illness and prevent it from happening again. Please accept our apologies and if possible waive the late fee. As soon as it was discovered that this form had not been mailed in, we called your department.

Sincerety,

Charles R. Gist

al R. D.

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