## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 16, 2000 8:00 am Secretary of State **DOCUMENT # H78344** 1. Entity Name BIG GORILLA, INC. Fortune Premium Finance 05-16-2000 90795 017 \*\*\*150.00 Principal Place of Business C/O THOMAS J. MCCORKLE C/O THOMAS J. MCCORKLE P O BOX 10729 P O BOX 10729 JACKSONVILLE FL 32247-7729 JACKSONVILLE FL 32247-0729 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 59-2639568 Not Applicable Country Zip Country 7ip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name . . . . . MCCORKLE, THOMAS J. Street Address (P.O. Box Number is Not Acceptable) 10475-110 FORTUNE PKWY JACKSONVILLE FL 32256 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, 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE Thomas J. M. Corkle MCCORKLE, THOMAS J. NAME NAME 10475-103 Forture PKMP STREET ADDRESS 10475-110 FORTUNE PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FZ 30256 JACKSONVILLE FL Addition ☐ Change TITLE ☐ Delete TITLE J. John Wortman PURCELL, CARLENA E. NAME 10475-103 Fortine Pkwy STREET ADDRESS STREET ADDRESS 10475-110 FORTUNE PKWY CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Jacksonville FL 30050 ☐ Change ☐ Addition ☐ Delete TITLE TITLE SANDERS, DUANE A. NAME NAME 10475-110 FORTUNE PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP JACKSONVILLE FL □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachpresit with an address, with all other like empowered.