2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # K06352** Jan 28, 2000 8:00 am **Secretary of State** BIG INDOOR GARAGE SALES, INC. 01-28-2000 90167 043 ***150.00 Principal Place of Business Mailing Address 8680 SATELLITE TER 8680 SATELLITE TER LAKE PARK FL 34432-2300 LAKE PARK FL 3403 2. Principal Place of Business 18012 SW 68^{1A} 3. Mailing Address 18012 SW68Th Loop 100P Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0020705 DUNNELLON Not Applicable DUNNEL Country \$8.75 Additional USA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAPLIN, NORMAN E Street Address (P.O. Box Number is Not Acceptable) 1401 FORUM WY 8TH FLOOR WEST PALM BCH FL 33401 Zip Code 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PTD ☐ Delete TITLE TITLE **BRITO, RICHARD** NAME NAME 18012 SW68Th LOOP DUNNELLON, FL 34432-2306 STREET ADDRESS 8680 SATELLITE TER. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL ☐ Delete TITLE TITLE VOSE, DIANNE NAME NAME 18012 SW 68Th LUOP DUNNELLON, FL 34432-2300 STREET ADDRESS 8680 SATELLITE TER. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL Addition Delete_ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.