## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

with an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # K54806** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name TEN FOUR CB STORE, INC. 04-22-2000 90066 029 \*\*\*150.00 Principal Place of Business Mailing Address 4034 NW HWY 326 4094 NW HWY 326 4034 NORTHWEST COUNTY HIGHWAY 326 4034 NORTHWEST COUNTY HIGHWAY 326 OCALA FL 34482 OCALA FL 34482-7612 3. Mailing Address 3985 n 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2917478 Not Applicable Country 5 \$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 RUNAGER, BARBARA 4034 N.W. COUNTY HIGHWAY 326 **OCALA FL 34482** 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 DATE 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 10. Election Campaign Financing \$5.00 May Be Atter 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. President/Treasurer **X** Addition 🗶 Change TITLE TITLE Defete Brenan W. Runager RUÑAGER, BARBARA NAME 3985 n.พ. Hพy 326 4034 NW COUNTY HWY #326 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FI QCALA FL secretary Change Addition M Delete TITLE TITL F Karen 6. RUNAGER, BRENAN W. NAME NAME STREET ADDRESS STREET ADDRESS 3075 NE 49TH ST 2411 SE CITY-ST-ZIP DITY-ST-ZIP OCALA FL ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE STREET ADDRESS STREET ADDRESS 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