2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L02581**

1. Entity Name

P & P ENTERPRISES OF NORTH FLORIDA INC.

Principal Place of Business

Mailing Address

313 HWY 17 S CHUTE 440 ORANGE PARK FL-32070

Zip

32068

C/O DAVID A. KING. ATTORNEY 1416 KINGSLEY AVE ORANGE PARK FL 32073-4509

2. Principal Place of Business 2653 Myrtle Loop

Suite, Apt. #, etc.

City & State Middleburg, FL

KING, DAVID A

(See criteria on back)

ATTORNEY AT LAW 1416 KINGSLEY AVE ORANGE PARK FL 32073

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

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City & State

3. Mailing Address

Suite, Apt. #, etc.

Zip

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

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

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

Country

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DVP TITLE ☐ Delete TITLE PORTER, ROBERT R. NAME NAME STREET ADDRESS STREET ADDRESS 8524 CROSS TIMBERS DR W 2653 Myrtle Loop Middleburg, FL 32068 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE-FL-☐ Delete TITLE TITLE NAME PORTER, AUDREY L. NAME 2653 Myrtle Loop STREET ADDRESS ·8524 CROSS TIMBERS DR W-STREET ADDRESS Middleburg, FL CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL----- Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

GENEROL PORTER 2/22/00 904-29/-8868
OFFICER OR DIRECTOR
Date Date Date Date Date Date Date Phone 2