

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06279

1. Entity Name

HOUSE PLANS BY BONNIE, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90110 010 ***150.00

Principal Place of Business

Mailing Address

449 KINGLSEY AVE
 STE E
 ORANGE PARK FL 32073
 US

449 KINGLSEY AVE
 STE E
 ORANGE PARK FL 32073-5569
 US

C0035091



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2233 Park Avenue

3. Mailing Address

2233 Park Avenue

Suite, Apt. #, etc.

Suite 304

Suite, Apt. #, etc.

Suite 304

City & State

Orange Park, FL

City & State

Orange Park, FL

Zip

Country

32073

Zip

Country

32073

4. FEI Number

59-2960551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, BONNIE MAE
 449 KINGSLEY AVE
 STE E
 ORANGE PARK FL 32073

Name BONNIE MAE STEWART

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

2233 PARK AVENUE

SUITE 304

City

ORANGE PARK

FL

Zip Code

32073

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 X Bonnie M. Stewart
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-7-00
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

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

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SP
 NAME STEWART, BONNIE MAE ☐ Delete
 STREET ADDRESS 449 KINGLSEY AVE, STE E
 CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2233 PARK AVE. STE 304
 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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.

SIGNATURE: X Bonnie M. Stewart
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00
 Date

904-264-1262
 Daytime Phone #

CR2E034 (9/99)