

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90189 043 ***150.00

DOCUMENT # L08558

1. Entity Name

8'S ENOUGH, INC.

Principal Place of Business

Mailing Address

502 NW 75TH ST
SUITE 373
GAINESVILLE FL 32607
US

502 NW 75TH STREET
SUITE 373
GAINESVILLE FL 32607-1676
US

2. Principal Place of Business

2257 NW 4th Blvd #339
Suite, Apt. #, etc.

3. Mailing Address

2257 NW 4th Blvd #339
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gainesville FL

City & State
Gainesville FL

4. FEI Number
59-3040972

Applied For
Not Applicable

Zip
32607

Country
USA

Zip
32607

Country
USA

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

HART, ELLA MAE
7020 NW 11TH PL
GAINESVILLE FL 32605

Name

Street Address (P.O. Box Number Not Acceptable)
2257 NW 4th Blvd #339

City

FL

Zip Code
32607

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

Ella Mae Hart ELLA MAE HART

4-10-00

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P HALL, RANDALL 6797 BAYSHORE DR LANTANA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HART, FRED 502 N W 75TH ST D#373 GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. HART, ELLA MAE 502 NW 75TH ST, SUITE 373 GAINESVILLE FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Ella Mae Hart ELLA MAE HART

Date

Daytime Phone #

4/10/00 (352) 844-2750

CR2E034 (9/99)