

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002751

1. Entity Name

PEANUT BUTTER + JESUS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90177 025 ****61.25

Principal Place of Business

Mailing Address

5722 SOUTH FLAMINGO ROAD
 FORT LAUDERDALE FL 33330

5722 SOUTH FLAMINGO ROAD
 FORT LAUDERDALE FL 33330-3206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0897166**
APPLIED FOR

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

MIMS, KATHI
 5722 SOUTH FLAMINGO ROAD
 FORT LAUDERDALE FL 33330

Name **Kathleen Mims**

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

City

FL

Zip Code

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

Kathleen L. Mims

Kathleen L. Mims

April 27, 2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **MIMS, KATHI**
 STREET ADDRESS **5722 SOUTH FLAMINGO ROAD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE ☒ Change ☐ Addition
 NAME **MIMS, KATHLEEN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **MIMS, STEPHEN HURD**
 STREET ADDRESS **5722 SOUTH FLAMINGO ROAD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

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

TITLE **D** ☐ Delete
 NAME **MIMS, DOROTHY**
 STREET ADDRESS **2500 NW 48 LANE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☒ Change ☐ Addition
 NAME **MIMS, DOROTHY**
 STREET ADDRESS **2500 NW 48 LANE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen L. Mims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2000

Date

803-802-6601

Daytime Phone #

CR2E037 (9/99)