

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90045 003 ***150.00

809090



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000014795 1. Entity Name MONEY IN THE BANK PERFORMERS, INC. JOSHUA LIKE, INC. N/C 1/14/02 (im)																											
Principal Place of Business 1755 NORTH 8TH STREET JACKSONVILLE BEACH FL 32250		Mailing Address 1755 NORTH 8TH STREET JACKSONVILLE BEACH FL 32250																									
2. Principal Place of Business 1174 N. 24th ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State Jacksonville Beach, FL		City & State																									
Zip 32250	Country USA	Zip	Country																								
6. Name and Address of Current Registered Agent LIKE, JOSHUA 1755 NORTH 8TH STREET JACKSONVILLE BEACH FL 32250		7. Name and Address of New Registered Agent Name: JOSHUA LIKE Street Address (P.O. Box Number is Not Acceptable): 1174 N. 24th ST City: Jacksonville Beach FL Zip Code: 32250																									
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: [Signature] Joshua M Like P/S/T/D 1/14/02 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State																									
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
11. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PSTD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIKE, JOSHUA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1755 NORTH 8TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE BEACH FL 32250</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	LIKE, JOSHUA		STREET ADDRESS	1755 NORTH 8TH STREET		CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1"> <tr> <td>TITLE</td> <td>PK/S/T/D</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JOSHUA LIKE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1174 N. 24th ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE BEACH, FL 32250</td> <td></td> </tr> </table>		TITLE	PK/S/T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JOSHUA LIKE		STREET ADDRESS	1174 N. 24th ST.		CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)