

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90070 021 ***150.00

DOCUMENT # 700000014795

1. Entity Name

Joshua Like, Inc.

DO NOT WRITE IN THIS SPACE

80045308

2. Principal Place of Business

1174 N 24th St

Suite, Apt. #, etc.

3. Mailing Address

1174 N 24th St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

4. FEI Number

59-3722612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current 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

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Joshua M Like

P/S/T/D

2/15/03

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Joshua Like
1174 N 24th St
Jacksonville Beach, FL 32250

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joshua Like

2/15/03

Date

904-249-2939

Daytime Phone #

CR2E034B (12/01)