

DOCUMENT # P00000084114

1. Entity Name
STICKER SHOCK INC.

Principal Place of Business
P.O. BOX 47885
JACKSONVILLE FL 32247

Mailing Address
P.O. BOX 47885
JACKSONVILLE FL 32247

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90083 011 ***163.75



2. Principal Place of Business
1984 NAVAHO AVE
Suite, Apt. #, etc.
N/A
City & State
JACKSONVILLE, F
Zip
32210
Country
DUAL

3. Mailing Address
P.O. Box 47885
Suite, Apt. #, etc.
N/A
City & State
JACKSONVILLE, FL
Zip
32247
Country
DUAL

4. FEI Number
59-3666787
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS, PHILLIP L JR.
1984 NAVAHO AVE.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent
Name
N/A
Street Address (P.O. Box Number is Not Acceptable)
N/A
City
N/A FL Zip Code
N/A

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 N/A still same
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D THOMAS, PHILLIP L JR. P.O. BOX 47885 JACKSONVILLE FL 32247
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MOORE, DIANE L 1984 NAVAHO AVE. JACKSONVILLE FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete N/A

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A

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: Phillip L Thomas Jr 1/6/01 904-716-8862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)