2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008279

1. Entity Name

FLORIDA CATALOG SALES, INC.

Principal Place of Business	Mailing Address
2292 MAYPORT R. STE. #3 JACKSONVILLE FL 32233 US	10610 BRIDGEPORT WAY SW TACOMA WA 98499-4808 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **91-1576535**
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

Applied For / Not Applicable

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROOKS, CYNTHIA 2440 MAYPORT RD #6 JACKSONVILLE FL 32233	Name 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 _____

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	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GILL, J.		NAME		
STREET ADDRESS	4411 HOLLY AVE		STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS GA 31907		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
		☐ Delete	TITLE		☐ Change ☐ Addition
			NAME		
STREET ADDRESS			STREET ADDRESS		
ST-ZIP			CITY-ST-ZIP		
		☐ Delete	TITLE		☐ Change ☐ Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		
		☐ Delete	TITLE		☐ Change ☐ Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
			CITY-ST-ZIP		

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: _____ J. Gill _____ 　4-21-00　706-321-8189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　Date　Daytime Phone #

CR2E034 (9/99)