

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035552

1. Entity Name

JUST ONE DOLLAR, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90121 039 ***150.00

Principal Place of Business

4853
4801 GOLDEN GATE PARKWAY
UNIT A-7B
NAPLES FL 34116

Mailing Address

4853
4801 GOLDEN GATE PARKWAY
UNIT A-7B
NAPLES FL 34116-6953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0413172

Applied For

Not Applicable

Zip

Country -

Zip

Country

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

MOORE, MICHAEL G
C/O PARRISH & MOORE, PA
2171 PINE RIDGE ROAD, STE D
NAPLES FL 34109

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	<input checked="" type="checkbox"/> Delete
NAME	STARK, JOANNE R	
STREET ADDRESS	6811 COMPTON LANE NORTH	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	1/5.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHYLLIS SCALETTA	
STREET ADDRESS	447 CROSSFIELD CIRCLE	
CITY-ST-ZIP	NAPLES, FL. 34104	
TITLE	P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD SCALETTA	
STREET ADDRESS	447 CROSSFIELD CIRCLE	
CITY-ST-ZIP	NAPLES, FL. 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

LEONARD SCALETTA

Date

Daytime Phone #

941-353-9499

CR2E034 (9/99)