## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P93000038291** Feb 23, 2000 8:00 am Secretary of State JIMMIE'S FLEA MARKET, INC. 02-23-2000 90008 004 \*\*\*150.00 Principal Place of Business Mailing Address RT 1 BOX 3329F RT 1 BOX 3329F MADISON FL 32340-9427 MADISON FL 32340 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number 59-3186718 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAGANS, JIMMIE Street Address (P.O. Box Number is Not Acceptable) RT 1 BOX 3329F MADISON FL 32340 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change TITLE ☐ Delete RAGANS, JIMMIE NAME NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 3329F CITY-ST-ZIP CITY-ST-ZIP MADISON FL 32340 ☐ Change ☐ Addition ☐ Delete TITLE RAGANS, LATRELLE NAME NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 3329F CITY-ST-ZIP CITY-ST-ZIP MADISON FL 32340 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

VING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF