FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90377 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038291

1. Entity Name

Jimmie's Flea Market, Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Rt 1 Box 3329 F	Rt 1 Box 3329 F
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Madison Fl	City & State: Madison, Fl
Zip: 32340 Country: Madison	Zip: 32340 Country: Madison

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3186718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jimmie Ragans

Street Address (P.O. Box Number is Not Acceptable): Rt 1 Box 3329 F

City: Madison FL Zip Code: 32340

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)

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	President
NAME	Jimmie Ragans
STREET ADDRESS	Rt 1, Box 3329 F
CITY-ST-ZIP	Madison Fl 32340
TITLE	Vice President
NAME	Minnie Ragans
STREET ADDRESS	Rt 1 Box 3329 F
CITY-ST-ZIP	Madison, Fl 32340
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Jimmie Ragans

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

Attachment
#P93000038291
123093

July 13, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Re: 59-3186718 Jimmie's Fleamarket, Inc.

Dear Sir or Madam:

I did not receive the original form for filing. Please waive the penalty for late filing.

Sincerely,

Jimmie Ragans

Jimmie Ragans