## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P94000046835** JOCK RENAU PHELPS, P.A. 04-12-2000 90011 048 \*\*\*150.00 Principal Place of Business Mailing Address DEER ISLAND RD 5369 DEER ISLAND RD GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043-8125 incipal Place of Business Mailing Address Box 27-1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number City & State 59-3249245 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOCK PHELPS, JOCK R Address (P.O. Box Number is Not Acceptable) 5369 DEER ISLAND RD **GREEN COVE SPRINGS FL 32043** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. **DPST** Change Addition TITLE ☐ Delete PHELPS, JOCK R. PHELPS, JOCK R NAME NAME Rt. 3 Box 127-K Weeks Rd. STREET ADDRESS 5369 DEER ISLAND RD STREET ADDRESS Lake Butler, FL 32054 CITY-ST-ZIP CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** ☐ Delete Addition MEAGAN PHELPS PHELPS, MEAGAN S NAME NAME Rt. 3 Box 127-K Weeks Rd. STREET ADDRESS 5369 DEER ISLAND RD STREET ADDRESS CITY-ST-ZIP GREEN GROVE SPRINGS FL CITY-ST-ZIP LAKE BUTLER, FL 32054 Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-7/P CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTO

4/7/00 904-496-1546