2000 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P94000059311** 1. Entity Name VERNA G. MCFATTER, INC. 04-24-2000 90091 048 ***150.00 Principal Place of Business Mailing Address 1327 DUVAL LAKE ROAD N 1327 DUVAL LAKE ROAD N JACKSONVILLE FL 32218 JACKSONVILLE FL 32218-3525 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FÉI Number Applied For City & State City & State 59-3264369 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCFATTER, VERNA G Street Address (P.O. Box Number is Not Acceptable) 1327 DUVAL LAKE ROAD N JACKSONVILLE FL 32218 Zip Code City FL 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) DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition ☐ Delete TITLE MCFATTER, VERNA G NAME NAME STREET ADDRESS STREET ADDRESS 1327 DUVAL LAKE ROAD N. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Addition ☐ Change ☐ Delete TITLE TITLE MCFATTER, BOBBY L NAME NAME STREET ADDRESS 1327 DUVAL LAKE ROAD N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32218 Change ____Addition_ __ Delete TITLE TITLE MCFATTER, JARRETT L NAME NAME 1327 DUVAL LAKE ROAD N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32218 Change Addition ☐ Delete TITLE TITLE MCFATTER, HUBERT L NAME NAME 1327 DUVAL LAKE ROAD N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

VERNA G. McFAtter 4-19-00 SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.