

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066775

1. Entity Name

81-J, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90138 023 ***150.00

Principal Place of Business

Mailing Address

367 GOLFVIEW DR
 SANDESTIN FL 32541
 US

PO BOX 6144
 SAN DESTIN FL 32541-6144
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3270108

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

CASIMANO, RHONDA G.
 367 GOLFVIEW DR
 SANDESTIN FL 32541

Name Rhonda G. Eckert
 Street Address (P.O. Box Number is Not Acceptable) 367 Golfview DR.
 City Sandestin FL Zip Code 32541

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 Rhonda G. Eckert
 Signature, typed or printed name of registered agent and title if applicable.

Rhonda G. Eckert
 (NOTE: Registered Agent signature required when reinstating)

4/20/00
 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 ☐ Delete
 NAME DP
 STREET ADDRESS ECKERT, LEROY A.
 CITY-ST-ZIP 367 GOLFVIEW DR
 SANDESTIN FL 32541

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS CASIMANO, RHONDA G.
 CITY-ST-ZIP 367 GOLFVIEW DR
 SANDESTIN FL 32541

TITLE ☒ Change ☐ Addition
 NAME DST
 STREET ADDRESS Eckert Rhonda G.
 CITY-ST-ZIP 367 Golfview, DR.
 Sandestin FL 32541

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: Rhonda Eckert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (850) 837-5329
 Date Daytime Phone #

CR2E034 (9/99)