

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000106

1. Entity Name

DEBBIE O, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90024 004 ***150.00

Principal Place of Business

1753 MEMORY LANE
JACKSONVILLE FL 32310

Mailing Address

1753 MEMORY LANE
JACKSONVILLE FL 32310

2. Principal Place of Business

4154 MARQUETTE AVE.

Suite, Apt. #, etc.

3. Mailing Address

4154 MARQUETTE AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3286996

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

32210

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, T. CHARLES JR.
1753 MEMORY LANE
JACKSONVILLE FL 32310

7. Name and Address of New Registered Agent

Name OLIVER, T. CHARLES JR.

Street Address (P.O. Box Number is Not Acceptable)

4154 MARQUETTE AVE

City

JACKSONVILLE

FL

Zip Code

32210

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE D
NAME OLIVER, T. CHARLES JR.
STREET ADDRESS 1753 MEMORY LANE
CITY-ST-ZIP JACKSONVILLE FL 32310 ☐ Delete

TITLE D
NAME ADAMS, LENORE R
STREET ADDRESS H.C. 71 - BOX 348
CITY-ST-ZIP AVA MO 65608 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME OLIVER, T. CHARLES JR
STREET ADDRESS 4154 MARQUETTE AVE
CITY-ST-ZIP JACKSONVILLE FL 32210

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

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

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

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

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:

T. CHARLES OLIVER JR

Date

Daytime Phone #

CR2E034 (10/00)