

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010822

1. Entity Name

U-SPY STORE II, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90064 012 ***150.00

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 945 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL 32701 | 5227 E. COLONIAL DR. ORLANDO FL 32807-1814 |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
| Zip | Country |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number | 59-3290947 | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

| |
|--|
| 6. Name and Address of Current Registered Agent |
| BROWN, C R 5227 E. COLONIAL DR. ORLANDO FL 32807 |

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL |
| Zip Code |

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, 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 | |
|----------------------------|----------------------|
| TITLE | PSD |
| NAME | BROWN, C R |
| STREET ADDRESS | 5227 E. COLONIAL DR. |
| CITY-ST-ZIP | ORLANDO FL 32807 |
| TITLE | VTD. |
| NAME | FOURNIOTIS, GEORGE |
| STREET ADDRESS | 1600 OAK TERRACE RD. |
| CITY-ST-ZIP | LAKE PLAZA FL 33852 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| 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: [Signature] 1/3/00 407-275-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (9/99)