2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000023728** Jan 18, 2000 8:00 am Secretary of State NORTH FLORIDA SEA STORES INC. 01-18-2000 90187 010 ***150.00 Mailing Address Principal Place of Business 2336 N. LIBERTY ST. 2336 N. LIBERTY ST. JACKSONVILLE FL 32206-3016 JACKSONVILLE FL 32206 T C C C C E 3. Mailing Address 2. Principal Place of Business P.O Box 3256 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Jacksonville, FL 4. FEI Number Applied For City & State 59-3314364 Not Applicable Zip 32206 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. JACKSON, LARRY R Street Address (P.O. Box Number is Not Acceptable) 2336 N. LIBERTY ST. JACKSONVILLE FL 32206 Zip Code 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 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. Change ☐ Addition ☐ Delete TITLE TITLE LARRY R. JACKSON NAME NAME 2598 Herschel Street STREET ADDRESS 1326 HOLLYWOOD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 Jacksonville, FL 32204 X Change ☐ Addition ☐ Delete TITLE TITLE PENCE, JOSEPH E NAME NAME 2598 Herschel Street STREET ADDRESS 1326 HOLLYWOOD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32205 Jacksonville, FL 32204 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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

Larry R. Jackson

vith all other like empowered.

changed, or on an attachment with an addre

(904) 358–7605