2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am Secretary of State DOCUMENT # P95000035651 1. Entity Name SANTA FE, SUWANNEE & TAMPA BAY INC-02-08-2000 90142 007 ***150.00 Mailing Address Principal Place of Business 2531 EAGLE BAY DRIVE 2531 EAGLE BAY DRIVE ORANGE PARK FL 32073-6155 ORANGE PARK FL 32073 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3316250 Not Applicable 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 DAVID A. KING Street Address (P.O. Box Number is Not Acceptable) ATTORNEY AT LAW 1416 KINGSLEY AVENUE **ORANGE PARK FL 32073** City 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) 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 11. OFFICERS AND DIRECTORS Change ■ Addition TITLE TITLE ☐ Delete HENRY, WILLIAM A NAME NAME STREET ADDRESS STREET ADDRESS 2531 EAGLE BAY DRIVE CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL DVPS Change ☐ Addition ☐ Delete TITLE TITLE HENRY, DEBRA S NAME STREET ADDRESS 2531 EAGLE BAY DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORANGE PARK FL ☐ Change _ 🔲 Addition ☐ Delete TITLE -.TITLE _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.