## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # **P95000041196** 1. Entity Name COMING ATTRACTIONS GRIP & ELECTRIC, INC. 01-29-2000 90111 040 \*\*\*150.00 Principal Place of Business Mailing Address 567 BISHOPGATE LN 567 BISHOPGATE LN JACKSONVILLE FL 32204-4135 JACKSONVILLE FL 32204 909911 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3318867 Not Applied the \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARTH, CHARLES U Street Address (P.O. Box Number is Not Acceptable) 567 BISHOPGATE LN JACKSONVILLE FL 32204 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) .9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling 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 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete WHEATLEY, THOMAS A NAME NAME STREET ADDRESS 5700 MARLBERRY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete Change ☐ Addition TITI F BARTH, CHARLES U NAME NAME 4406 ORTEGA FOREST DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32210 - Change TITLE Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete 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-ZIP ☐ Addition ☐ Change ☐ 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 filing class 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 ar trustee empowered to execute this report as equipped by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

1-25-2000

Date

904.634.0500

Daytime Phone #