## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P95000065556** 1. Entity Name FLORIDA JEWELRY APPRAISERS, INC. 04-28-2000 90093 024 \*\*\*150.00 Principal Place of Business Mailing Address 1342 COLONIAL BLVD., SUITE 38-B 1342 COLONIAL BLVD., SUITE 38-B BLDG E BLDG E **LUU76734** FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0611151 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARCUM, PAUL D Street Address (P.O. Box Number is Not Acceptable) 1342 COLONIAL BLVD., SUITE 38-B **BLDG E** FORT MYERS FL 33907 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PP ☐ Change ☐ Addition TITLE □ Defete TITLE MARCUM, PAUL D NAME NAME STREET ADDRESS 1342 OOLONIAL BLVD., SUITE 38-B STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST\_ZIP Addition Change ☐ Delete TITLE MARCUM, MICHELE J NAME 1342 COLONIAL BLVD., SUITE 38-B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITI F 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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 angleres, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RAUL D.

4/-20 - 2000

941-275-1777

CR2E034 (9/99)