2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9600000454 May 18, 2000 8:00 am Secretary of State TAXCO, INC. 05-18-2000 90322 037 ***150.00 Mailing Address Principal Place of Business 9140 PAISLEY COURT 5166 NORWOOD AVENUE JACKSONVILLE FL 32257-8021 SUITE 2 JACKSONVILLE FL 32257 2. Principal Place of Business Mailing Address 1 to i DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3351350 acksonville Not Applicable ackson \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, HENRY J 9140 PAISLEY COURT JACKSONVILLE FL 32257 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** DATE 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 OFFICERS AND DIRECTORS 11. Change ☐ Addition rasident TITLE ☐ Delete TITLE JOHNSON, HENRY J Henry (NMN) Johnson, Jr. STREET ADDRESS 9140 PAISELY COURT STREET ADDRESS 9140 paising court CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Jacksonville FL 3225' Addition TITLE ☐ Delete Change MCINTEL, JONETTE NAME NAME STREET ADDRESS 7766 GREENWICH COURT EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 -- Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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-ZIE 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 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.