

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90149 003 \*\*\*150.00

**DOCUMENT # P96000009722**

1. Entity Name

**MONROE IMPORT EXPORT CO., INC.**

Principal Place of Business

Mailing Address

~~710 NORTH 3RD STREET~~  
~~JACKSONVILLE BEACH FL 32250~~~~710 NORTH 3RD STREET~~  
~~JACKSONVILLE BEACH FL 32250-0077~~**710948**

2. Principal Place of Business

3. Mailing Address

**830 S. 3<sup>RD</sup> STREET****830 S. 3<sup>RD</sup> STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 102****Suite 102**

City &amp; State

City &amp; State

**JACKSONVILLE BEACH, FL.****JACKSONVILLE Bch, FL.**

4. FEI Number

**59-3357247**Applied F  
Not App.

Zip

Country

Zip

Country

**32250****Duval****32250****Duval**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MONROE, TIMOTHY J~~~~710 NORTH 3RD STREET~~~~JACKSONVILLE BEACH FL 32250~~

Name

**TIMOTHY J. MONROE**

Street Address (P.O. Box Number Not Acceptable)

**830 S. 3<sup>RD</sup> STREET****Suite 102**

City

**JACKSONVILLE BEACH FL**

Zip Code

**32250**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May  
Added to F.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MONROE, TIMOTHY J**  
**8992 LAKE KATHRYN DRIVE**  
**PONTE VEDRA BEACH FL 32082**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Timothy J. Monroe***TIMOTHY J. MONROE****2/1/00****904-241-6000**