

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019185

1. Entity Name

NIGHT MOVES OF JACKSONVILLE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90039 014 ***150.00

Principal Place of Business

Mailing Address

4807 LONGBOW ROAD
 JACKSONVILLE FL 32210

4807 LONGBOW ROAD
 JACKSONVILLE FL 32210-8137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3364629**

Applied For

Not Applicable

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

RUEN, TIMOTHY M
 4807 LONGBOW ROAD
 JACKSONVILLE FL 32210

Name **RICHARD CAMP, CPA**
 Street Address (P.O. Box Number is Not Acceptable) **4110 Southpoint Blvd #205**
 City **JACKSONVILLE** FL Zip Code **32216**

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

Richard Camp, CPA

3/13/00

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	RUEN, TIMOTHY M
STREET ADDRESS	4807 LONGBOW ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32210
TITLE	<input type="checkbox"/> Delete
NAME	Ruen, Karyn
STREET ADDRESS	4807 Longbow Rd
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

904 389-9071
 Daytime Phone #