

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
 09-18-2000 90014 047 ***550.00

DOCUMENT # P96000045613

1. Entity Name
MR. D'S. INC.

Principal Place of Business
**402 SUNSET
 PLANT CITY FL 33566**

Mailing Address
**402 SUNSET
 PLANT CITY FL 33566**

2. Principal Place of Business
1714 CHARLESTON WOODS CT
 Suite, Apt. #, etc.

3. Mailing Address
1714 CHARLESTON WOODS CT
 Suite, Apt. #, etc.

City & State
Plant City FL
 Zip
33567

City & State
Plant City FL
 Zip
33567

4. FEI Number
593396263

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILES, DAVID J
 402 SUNSET RD.
 PLANT CITY FL 33566**

7. Name and Address of New Registered Agent

Name
DAVID J MILES
 Street Address (P.O. Box Number is Not Acceptable)
1714 CHARLESTON WOODS CT
 City
Plant City **FL** Zip Code
33567

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	MILES, DAVID	
STREET ADDRESS	402 SUNSET ROAD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILES, STACY B	
STREET ADDRESS	402 SUNSET ROAD	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miles, David	
STREET ADDRESS	1714 Charleston Woods Ct	
CITY-ST-ZIP	Plant City, FL 33567	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACY B. Miles	
STREET ADDRESS	1714 CHARLESTON WOODS CT	
CITY-ST-ZIP	Plant City FL 33567	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-06-00 813752-263
 Date Daytime Phone #

CR2E034 (5/00)