

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068021

1. Entity Name

CAPITAL CITY TATTOOZ, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90230 001 ***600.00

Principal Place of Business

Mailing Address

458 WEST TENNESSEE STREET
TALLAHASSEE FL 32301
US

~~355 N. MONROE STREET~~
TALLAHASSEE FL 32301-7621
US

14213



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

211 E. Virginia St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

4. FEI Number

59-3509356

Applied For

Not Applicable

Zip

Country

Zip

Country

32301

Leon

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

WILLIAMS, JOHN O
~~355 N. MONROE STREET~~
TALLAHASSEE FL 32301

Name

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

211 E. Virginia St.

City

Tallahassee

FL

Zip Code

32301

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]

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-28-00

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN O	
STREET ADDRESS	355 N. MONROE STREET 211 E. Virginia St	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

8502244510

Daytime Phone #

CR2E034 (9/99)