

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068129

1. Entity Name

JAMES R. MENCUM, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90035 031 ***150.00

Principal Place of Business

Mailing Address

331 TIMBERLAKE CT.
MARY ESTHER FL 32569

P.O. BOX 1416
NICEVILLE FL 32547-2969

2. Principal Place of Business

397 LOWERY DR NW.

3. Mailing Address

397 LOWERY DR NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT WALTON BEACH, FL

City & State

FT WALTON BEACH, FL

4. FEI Number

59-3400356

Applied For

Not Applicable

Zip 32547

Country

Zip 32547

Country

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

PETERSON, JOHN
912 S PALM BLVD
STE E
NICEVILLE FL 32578

Name

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

City

FL

Zip Code

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 Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
MENCUM, JAMES R
331 TIMBERLAKE CT.
MARY ESTHER FL 32569

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

208 UNITA OAK ST
FT WALTON BEACH FL 32547

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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

Date

Daytime Phone #

1-25-00 (850) 729-1129