

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90017 025 ***150.00

DOCUMENT # P96000089604

1. Entity Name

167 INC.

Principal Place of Business

Mailing Address

ROUTE 1 BOX 3323 W
 HAVANA FL 32333

ROUTE 1 BOX 3323 W
 HAVANA FL 32333-9601

A0018426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

47 Engwall Cir
 Suite, Apt. #, etc.

SAME
 Suite, Apt. #, etc.

City & State

Havana FL

City & State

Havana FL

4. FEI Number

59-3433608

Applied For

Not Applicable

Zip

32333

Country

US

Zip

32333

Country

US

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

LANGSTON, D. LANCE
 303 DESOTO STREET
 TALLAHASSEE FL 32303

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	P	<input type="checkbox"/> Delete
NAME	CARMICHAEL, RICKY LEE	
STREET ADDRESS	RT BOX 3323 W	
CITY-ST-ZIP	HAVANA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARMICHAEL, JEAN A	
STREET ADDRESS	RT 1 BOX 3323 W	
CITY-ST-ZIP	HAVANA FL	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	47 Engwall Cir	
CITY-ST-ZIP	Havana FL 32333	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	47 Engwall Cir	
CITY-ST-ZIP	Havana FL 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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

Date

Daytime Phone #

2/1/00 850/339-4492