

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000101304

1. Entity Name

MAKES CENTS OF S.W. FLA., INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91351 039 ***150.00

Principal Place of Business

1719 DEL PRADO BLVD
CAPE CORAL FL 33990
US

Mailing Address

1719 DEL PRADO BLVD
CAPE CORAL FL 33990
US

2. Principal Place of Business

1791 BayScout Dr
Suite, Apt. #, etc.
Unit 2

City & State
Ft. Myers FL

Zip Country
33907 USA

3. Mailing Address

1791 BayScout Dr
Suite, Apt. #, etc.
Unit 2

City & State
Ft. Myers FL

Zip Country
33907 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0730973

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUCKS, MOLLY
2222 SE 6TH TERR
CORAL GABLES FL 33990

7. Name and Address of New Registered Agent

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, 2001 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

TITLE NAME ☐ Delete
PSD
TRUCKS, MOLLY
STREET ADDRESS
2222 SE 6TH TERR
CITY-ST-ZIP
CAPE CORAL FL 33990

TITLE NAME ☐ Delete
VTD
TRUCKS, JAY
STREET ADDRESS
300 N RUSSELL ST #22
CITY-ST-ZIP
MOUNT PLEASANT MI 48858

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 #

CR2E034 (10/00)