

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008609

1. Entity Name

MOTHER EARTH OF NORTHEAST FLORIDA, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90150 020 ***150.00

Principal Place of Business

Mailing Address

3947 MCGREGOR DRIVE
 JACKSONVILLE FL 32210

3947 MCGREGOR DRIVE
 JACKSONVILLE FL 32210-4948

2. Principal Place of Business

3947 MacGregor Drive

3. Mailing Address

3947 MacGregor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32210

Country

U.S.A.

Zip

32210

Country

U.S.A.

4. FEI Number

59-3420751

Applied For

Not Applicable

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

WILKINSON, BRET A
 3947 MCGREGOR DRIVE
 JACKSONVILLE FL 32210

Name

Wilkinson, Bret A.

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

3947 MacGregor Drive

City

Jacksonville

FL

Zip Code

32210

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 Bret Wilkinson President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/00

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 ☐ Delete
 NAME P
 STREET ADDRESS WILKINSON, B
 CITY-ST-ZIP 3947 MACGREGOR DR
 JAX FL 32210

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

TITLE ☐ Delete
 NAME VP
 STREET ADDRESS WILKINSON, R
 CITY-ST-ZIP 4796 MYRTLEWOOD RD.
 JACKSONVILLE FL 32210

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Bret Wilkinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/20/00 (904) 908-7916
 Date Daytime Phone #

CR2E034 (9/99)