

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034605

1. Entity Name
DOLLAR & CENTS, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90180 041 ***150.00

Principal Place of Business
1335 HAND AVE
LOT 3
ORMOND BEACH FL 32174

Mailing Address
1335 HAND AVE
LOT 3
ORMOND BEACH FL 32174

00033161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
142 S. NOVA ROAD
Suite, Apt. #, etc.

3. Mailing Address
142 S. NOVA ROAD
Suite, Apt. #, etc.

City & State
ORMOND BEACH, FL.
Zip
32174
Country
YOLUSIA

City & State
ORMOND BEACH, FL
Zip
32174
Country
YOLUSIA

4. FEI Number 59-3441690
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, JOSEPH P
533 N NOVA RD
SUITE 115
ORMOND BEACH FL 32174

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 _____ (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	STREET ADDRESS	CITY-ST-ZIP	Delete
PVSD	JONES, GREGORY	1330 HAND AVE LOT 3	ORMOND BEACH FL 32174	<input type="checkbox"/>
PTD	JONES, MARY	1330 HAND AVE LOT 3	ORMOND BEACH FL 32174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		1335 HAND AVE LOT 3	ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1335 HAND AVE LOT 3	ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: GREGORY JONES Gregory Jones 386-672-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)