

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000050673** ✓

1. Entity Name  
**944 EM, Inc**

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**  
03-27-2000 90103 048 \*\*\*150.00

Principal Place of Business Mailing Address

2. Principal Place of Business  
**24698 MISTY LAKE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**24698 MISTY LAKE DR**  
Suite, Apt. #, etc.

City & State  
**PONTE VEDRA BCH FL**  
Zip  
**32082**  
Country  
**US**

City & State  
**PONTE VEDRA BCH FL**  
Zip  
**32082**  
Country  
**U.S.**

4. FEI Number  
**59-3459827**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LUBWIG, JEFFREY R.**  
**6620 SOUTHPOINT DR. SO.**  
**SUITE 200**  
**JACKSONVILLE FL 32216**

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, 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  
TITLE **P, S, T** ☐ Delete  
NAME **JOHN S. MINOR JR**  
STREET ADDRESS **24698 MISTY LAKE DR**  
CITY-ST-ZIP **PONTE VEDRA BCH FL 32082**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
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: **John S. Minor Jr** **JOHN S. MINOR JR** **3/27/00** **904 230 4009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)