

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P97000058312

(R)

FILED

Jun 26, 2000 8:00 am
Secretary of State

06-26-2000 90001 023 ***158.00

Principal Place of Business

Mailing Address

Box 5446, NAVARRE, FLORIDA 32566

2. Principal Place of Business

3. Mailing Address

1798 EAGLE BAY LANE - SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAVARRE, FLORIDA

4. FEI Number

Applied For

59-3458923

☒ Not Applicable

Zip

Country

Zip

Country

32566

SANTA ROSA

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

BETH FREER, PRESIDENT
1952 JESSICA WAY
NAVARRE, FLORIDA, 32566

CHARLITA S. COLLINS, PRESIDENT

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

1798 EAGLE BAY LANE

City

NAVARRE

FL

Zip Code

32566

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

Charlita S. Collins

Signature, typed or printed name of registered agent and street address.

(NOTE: Registered Agent signature required when re-registering)

April 19, 2000

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

President
Beth A. Freer
1952 Jessica Way
Navarre FL 32566

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~Charlita S. Collins~~
~~1798 Eagle Bay Lane~~
~~Navarre FL 32566~~
delete

☐ Change ☐ Addition

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

(800) 936-8964

SIGNATURE

Charlita S. Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000

Date

(800) 531-7323