

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**  
 05-05-2000 90089 018 \*\*\*150.00

**DOCUMENT # P97000064030**

1. Entity Name  
**EXITNOW, INC.**

Principal Place of Business <b>2024 COUNTRYSIDE BLVD. UNIT 312</b> <b>CLEARWATER FL 33761-3625</b>	Mailing Address <b>2024 COUNTRYSIDE BLVD. UNIT 312</b> <b>CLEARWATER FL 33761-3625</b>
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00083333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>16355 REMINGTON DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>16355 REMINGTON DRIVE</b> Suite, Apt. #, etc.
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City & State <b>REMINGTON BEACH, FL</b>	City & State <b>REMINGTON BEACH, FL</b>
Zip <b>33708</b>	Zip <b>33708</b>
Country	Country

4. FEI Number <b>59-3459553</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WALKER, THOMAS G.**  
**2024 COUNTRYSIDE BLVD**  
**UNIT 312**  
**CLEARWATER FL 33761**

Name
Street Address (P.O. Box Number is Not Acceptable) <b>16355 REMINGTON DRIVE</b>
City <b>REMINGTON BEACH</b> <b>FL</b> Zip Code <b>33708</b>

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 *Thomas G. Walker*, **THOMAS G. WALKER** 4/25/00  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CP MINTZ, BRIAN L <del>2024 COUNTRYSIDE BLVD. UNIT 312</del> <del>CLEARWATER FL 33761-3625</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>16355 REMINGTON DRIVE</b> <b>REMINGTON BEACH, FL 33708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WALKER, THOMAS G <del>2024 COUNTRYSIDE BLVD. UNIT 312</del> <del>CLEARWATER FL 33761-3625</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>16355 REMINGTON DRIVE</b> <b>REMINGTON BEACH, FL 33708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas G. Walker* **THOMAS G. WALKER** 4/25/00 722-369-5710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)