

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90395 049 ***150.00

DOCUMENT # **P97000080782**

1. Entity Name

OUR SHOPPE, INC.

Principal Place of Business

4100 Belfort Rd.
STE 3B
Jacksonville FL 32216

Mailing Address

6855 Wilson Bl.
STE 15
Jacksonville, FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4100 Belfort Rd.

STE 3B

Jacksonville, FL

32216

USA

6. Name and Address of Current Registered Agent

Nichols, Dolores
6855 Wilson Blvd. STE 15
Jacksonville, FL 32210

4. FEI Number

59-3472808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Canaday, Rita W.

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

4100 Belfort Rd. STE 3B

City

Jacksonville, FL

Zip Code

32216

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

CANADAY, RITA W.

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

(NOTE: Registered Agent signature required when reinstating)

6-27-00

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

TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	Nichols, Dolores	
STREET ADDRESS	29 Prattwood Ln.	
CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Canaday, Rita W	
STREET ADDRESS	Rt 2 Box 632	
CITY-ST-ZIP	Glen St. Mary, FL 32040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rita W Canaday

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-00

Date

904-296-3399

Daytime Phone #

CR2E034 (9/99)

Attachment
OFF # P9700W807E
DW68263

GREG HARDEE
7830 103RD ST
STE 8
JACKSONVILLE, FL 32210

Request taken by: thampton
05-02-2000

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

After great delay, we finally received
a blank UBR for Our Shoppe, Inc. We
have tried to secure form since May 2,
when this Request was taken by your Office.

Thanks,
Greg Hardee