2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P98000009174 1. Entity Name AT YOUR DOOR INC. 01-18-2000 90115 041 ***150.00 Principal Place of Business Mailing Address 2920 SE 148TH PLACE RD. 2920 SE 148TH PLACE RD. SUMMERFIELD FL 34491 SUMMERFIELD FL 34491-4700 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3489828 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MINTON, ANNEMARIE Street Address (P.O. Box Number is Not Acceptable) 2920 SE 148TH PLACE RD. __ SUMMERFIELD FL 34491 City 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE TITI F ☐ Delete **BROWN, JAMISON** NAME NAME 2920 S.E. 148TH PLACE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUMMERFIELD FL 34491 CJTY-ST-ZIP VTDS Addition TITLE Delete TITLE Change MINTON, ANNEMARIE NAME NAME 2920 S.E. 148TH PLACE ROAD STREET ADDRESS STREET ADDRESS SUMMERFIELD FL 34491 CITY-ST-ZIP CITY-ST-ZIE Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

ATURE AND TYPED OR PRINTED MAMEROF SIGNING OFFICER OR DIRECTOR