

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011671

1. Entity Name
EIGHTY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90156 027 ***150.00

Principal Place of Business Mailing Address
7014 AC SKINNER PKWY 7014 AC SKINNER PKWY
STE 290 STE 290
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256-6940
US US

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **59-3495746** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~CABREE, BRIAN M~~
7014 AC SKINNER PKWY
STE 290
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
Name Amy Kline
Street Address (P.O. Box Number is Not Acceptable) 7014 A.C. Skinner Pkwy
Ste 290
City Jacksonville FL Zip Code 32256

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 [Signature] Amy Kline 04/25/2000
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	
TITLE	<input type="checkbox"/> Delete
NAME	P
STREET ADDRESS	RAY, J G JR
CITY-ST-ZIP	7014 AC SKINNER PKWY #290 JACKSONVILLE FL 32256
TITLE	<input type="checkbox"/> Delete
NAME	V
STREET ADDRESS	FORNELL, RICHARD H
CITY-ST-ZIP	7014 AC SKINNER PKWY #290 JACKSONVILLE FL 32256
TITLE	<input checked="" type="checkbox"/> Delete
NAME	ST
STREET ADDRESS	CABREE, BRIAN M
CITY-ST-ZIP	7014 AC SKINNER PKWY #290 JACKSONVILLE FL 32256
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST
STREET ADDRESS	<u>Amy Kline</u>
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: [Signature] J.G. Ray, Jr. 4/25/2000 (904) 596-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)