

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000017688

1. Entity Name
R.U. SURE LEROY, INC.



Principal Place of Business
5845 CASTELLANO AVENUE
JACKSONVILLE, FL 32208

Mailing Address
5845 CASTELLANO AVENUE
JACKSONVILLE, FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3495480

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANIER, PATRICIA A
6628 HYDE GROVE AVE
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name **AMOS, EARL E**

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

3433 NATALIE DR N

City **JACKSONVILLE**

FL

Zip Code
32208

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-16-06

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
AMOS, LEROY
5845 CASTELLANO AVENUE
JACKSONVILLE, FL 32208 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SPENCER, LORENZO M
1738-6 EL PRADO RD
JACKSONVILLE, FL 32216 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200069959952
04/10/06--01061--021 **335.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LERoy AMOS PSTD

3/16/06 904 343-0344

FILED

06 MAR 24 AM 10:45

SECRET
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06
103462086 REIN E LEROY CR2E008 (11705)

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