## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 26, 2000 8:00 am Secretary of State DOCUMENT # P98000018867 1. Entity Name JULINGTON CREEK FIREHOUSE, INC. 05-26-2000 90134 039 \*\*\*150.00 Principal Place of Business Mailing Address 9850-5 SAN JOSE BLVD 9850-5 SAN JOSE BLVD JACKSONVILLE FL 32257-5495 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address 340 Km 3410 Kani Pd DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3494972 Not Applicable \$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 orensen. SORENSEN, CHRIS Street Address (P.O. Box Number is Not Acceptable) 9850-5 SAN JOSE BLVD JACKSONVILLE FL 32257 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change . ☐ Addition TITLE □ Delete TITLE SORENSON, ROBIN NAME NAME STREET ADDRESS STREET ADDRESS 9850 - 5 SAN JOSE BLVD csonalle. FL 3225 JACKSONVILLE FL 32257 CITY-ST-7IP CITY-ST-ZIP ☐ Addition VΡ Change ☐ Delete TITLE TITLE SORENSEN, CHRIS NAME NAME 9850 - 5 SAN JOSE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P 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:

SIGNATURE AND THE O'OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/100 (904)886-8300