

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045798

1. Entity Name

FELIX & MISTY'S ADVENTURES, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90032 020 \*\*\*150.00

Principal Place of Business

Mailing Address

1067 N. EDGEWOOD AVE.  
JACKSONVILLE FL 32254

1067 N. EDGEWOOD AVE.  
JACKSONVILLE FL 32254-2372

2. Principal Place of Business

3. Mailing Address

SOLE BAY ST

3128 BEACH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

RM 311

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32202

FL

32207

FL

4. FEI Number

59-3515732

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHODES, PAT  
1067 N. EDGEWOOD AVE.  
JACKSONVILLE FL 32254

Name

Howard Sanford CPA

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

3128 Beach Blvd

City

Jacksonville

FL

Zip Code

32207

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

*Robert Sanford*

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

(NOTE: Registered Agent signature required when reinstating)

4/3/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TURNAGE, CECIL P  
CITY-ST-ZIP 2805 CHELTON RD  
JACKSONVILLE FL 32216

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TURNAGE, BELINDA F  
CITY-ST-ZIP 2805 CHELTON RD.  
JACKSONVILLE FL 32216

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Cecil P Turnage*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-2000

Date

Daytime Phone #

CR2E034 (9/99)