

DOCUMENT # P98000048639

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07-14-2000 90003 047 ***150.00

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.

Abstract

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent	
(P.O. Box Number is Not Acceptable)	
FL	Zip Code

SIGNATURE _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NSR <input type="checkbox"/> Delete
NAME	FOX, MICHAEL D
STREET ADDRESS	5001 LAKEFRONT DRIVE HO 901 TOKALON CT #2
CITY-ST-ZIP	TALLAHASSEE FL 32303 FT WALTON BEACH FL 32547

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	

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	Change	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		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE: Richard R. Rife **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2000 (850) 862-4916

CR2E034 (5/00)

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J2k, Inc.

ADDIT24

**P.O. Box 3248
Fort Walton Beach, Florida 32547**

July 7, 2000

TO: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

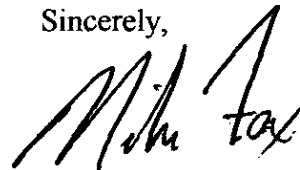
RE: 2000 Uniform Business Report, FEI # 59-3518871

Dear Sir or Madam:

Yesterday I received the above report form in the mail with a notice that I owed \$550.00. I called the phone number listed and was informed this report was not received and that there was an additional \$400.00 due as a late filing penalty. When I advised that I did not recall receiving the original notice and was unaware that such a report was due, I was advised to send this letter with the completed report and a check for \$150.00 and the penalty would be waived.

Enclosed is my check for \$150.00 and the completed report.

Sincerely,



Mike Fox