

2000 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90003 014 ****88.75
03-20-2000 90009 001 ****61.25

DOCUMENT # P98000055222

1. Entity Name

~~P. McDONALD INVESTMENTS, INC.~~

Number 3 Zulu Zulu, Inc.

Principal Place of Business

Mailing Address

5610 S. FLORIDA AVENUE
LAKELAND FL 33807

PO BOX 2537
LAKELAND FL 33806-2537

2. Principal Place of Business

3730 Cleveland Heights

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Zip

33813

Country

POIK

Country

4. FEI Number

59-3610137

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

JACOBS, DALE GARDNER-
3730 CLEVELAND HGTS. BLVD.
LAKELAND FL 33813

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and typed applicable.

(NOTE: Registered Agent signature required when reinstating)

Dale Jacobs

3/18/00

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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | MCDONALD, PAUL D | |
| STREET ADDRESS | 5610 S. FLORIDA AVENUE | |
| CITY-ST-ZIP | LAKELAND FL 33807 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|--|
| TITLE | president | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Dale G. Jacobs | |
| STREET ADDRESS | 3730 Cleveland Heights Blvd. | |
| CITY-ST-ZIP | Lakeland, FL 33813 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(f), 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 REQUIRED Dale G. Jacobs

3/18/00

863-648-1877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/99)