

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90066 004 ***158.75

DOCUMENT # P98000063285

1. Entity Name
4X4'S & MORE, INC.

Principal Place of Business

Mailing Address

~~284 SOUTH EDGEWOOD AVENUE
 JACKSONVILLE FL 32205~~

~~284 SOUTH EDGEWOOD AVENUE
 JACKSONVILLE FL 32259-0005~~
EE

2. Principal Place of Business

3. Mailing Address

7035 Philips Highway
 Suite, Apt. #, etc.

1479 Lee Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FL

City & State
Switzerland FL

4. FEI Number **59-3522232**

Applied For
 Not Applicable

Zip Country
32216 USA

Zip Country
32259 USA

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

CATANZARO, DONALD R
284 SOUTH EDGEWOOD AVENUE
JACKSONVILLE FL 32205

Name
 Street Address (P.O. Box Number is Not Acceptable)
7035 Philips Highway
 City **Jacksonville** FL Zip Code **32216**

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 **Alisa Catanzaro**

2/22/00

Signature, typed or printed name of registered agent and file 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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CATANZARO, DONALD	284 SOUTH EDGEWOOD AVE	JACKSONVILLE FL 32205	<input type="checkbox"/>
VP	CATANZARO, ALISA	1479 LEE RD	SWITZERLAND FL 32259	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	CATANZARO	7035 Philips Highway	Jacksonville, FL 32216	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CATANZARO			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Alisa Catanzaro**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00
 Date

904 610 1033
 Daytime Phone #

CRE034 (9/99)