

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90015 039 ***150.00

DOCUMENT # P98000071658

1. Entity Name

EXCLUSIVE SPECIALTIES BY POAG, INC.

Principal Place of Business

~~6653 POWERS AVE. STE 7~~
~~JACKSONVILLE FL 32254~~

Mailing Address

PO BOX 350594
 JACKSONVILLE FL 32235

2. Principal Place of Business

5133 SAN Jose Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

Zip

32217

Country

FLORIDA

Zip

Country

4. FEI Number

59-3526952

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POAG, DONALD H JR.
~~3967 MEADOWVIEW DR N~~
~~JACKSONVILLE FL 32225~~

7. Name and Address of New Registered Agent

Name **POAG, DONALD H., JR.**
 Street Address (P.O. Box Number is Not Acceptable)
4026 Cog Hill Ct.
 City **JACKSONVILLE** FL Zip Code **32225**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/01

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, 2001 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

TITLE **P** ☐ Delete
 NAME **POAG, SHARON**
 STREET ADDRESS ~~3967 MEADOWVIEW DR N~~
 CITY-ST-ZIP ~~JACKSONVILLE FL 32225~~

TITLE **VP** ☐ Delete
 NAME **POAG, DONALD H JR**
 STREET ADDRESS ~~3967 MEADOWVIEW DR~~
 CITY-ST-ZIP ~~JACKSONVILLE FL 32225~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **POAG, SHARON**
 STREET ADDRESS **4026 Cog Hill Ct.**
 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32225**

TITLE **V-P** ☒ Change ☐ Addition
 NAME **POAG, DONALD H. JR**
 STREET ADDRESS **4026 Cog Hill Ct.**
 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32225**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

POAG, DONALD H. JR. **2/15/01** **(904) 631-6464**

CR2E034 (10/00)

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