

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080191

1. Entity Name

JOHN MCCULLERS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90087 008 ***150.00

Principal Place of Business

Mailing Address

510 OAKRIDGE BLVD
 DAYTONA BEACH FL 32118-3973

510 OAKRIDGE BLVD ¹³
 DAYTONA BEACH FL 32118-3973



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3534617

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCCULLERS, JOHN
510 OAKRIDGE BLVD
DAYTONA BEACH FL 32118

Name

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

City

FL Zip Code **32118-3973**

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 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 \$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 **PD**
 STREET ADDRESS **MCCULLERS, JOHN**
 CITY-ST-ZIP **510 OAKRIDGE BLVD.**
DAYTONA BEACH FL 32118

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32118-3973**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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 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

JOHN McCullers

PRES

3/24/00
 Date

904-252-1183
 Daytime Phone #

CR2E034 (9/99)