

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

05-16-2000 90015 046 ***158.75

DOCUMENT # P98000096067

1. Entity Name
THE RENE DOSTIE COMPANY

R

Principal Place of Business Mailing Address
 1110 ARCARD CT 1110 ARCARD CT
 JACKSONVILLE FL 32226 JACKSONVILLE FL 32226

2. Principal Place of Business 3. Mailing Address
Down
 10874 HAMILTON 9301 OLD KINGS RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <i>JAX FLA</i>	City & State <i>JAX FLA</i>	4. FEI Number <i>59-3573698</i>	APPLIED FOR	Applied For Not Applicable
Zip <i>32257</i>	Country <i>USA</i>	Zip <i>32257</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOSTIE, RENE JR. 10503 SAN JOSE BLVD. SUITE 17 JACKSONVILLE FL 32257	7. Name and Address of New Registered Agent Name <i>Rene DOSTIE JR</i> Street Address (P.O. Box Number is Not Acceptable) <i>9301 OLD KINGS RD</i> City <i>JAX</i> FL Zip Code <i>32257</i>
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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]* *Rene DOSTIE JR* DATE *7/10/00*

Signature of officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **PAID FILE NOW!! FEES \$55000**
After SEPTEMBER 15, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOSTIE, RENE JR 1110 ARCARD CT JACKSONVILLE FL 32226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PROG</i> Rene DOSTIE JR 9301 OLD KINGS RD JAX FLA 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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]* *Rene DOSTIE JR* Date *7/10/00*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # *904-268-0511*

CE-100 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000096067**

1. Entity Name
THE RENE DOSTIE COMPANY

PAID
APR 24 2000
BY: **6886**

Principal Place of Business Mailing Address
1110 ARCARD CT 1110 ARCARD CT
JACKSONVILLE FL 32226 JACKSONVILLE FL 32217-4613

Attachment 18582

2. Principal Place of Business 3. Mailing Address
10874 Hamilton Downs Ct. 9301 Old Kings Rd.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jax. FL Jax. FL.

Zip Country Zip Country
32257 USA 32257 USA

4. FEI Number Applied For Applied For
59-3573698 **APPLIED FOR** Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DOSTIE, RENE JR.
10503 SAN JOSE BLVD.
SUITE 17
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent
Name **Rene Dostie Jr.**
Street Address (P.O. Box Number is Not Acceptable)
9301 Old Kings Rd.
City **Jax.** FL Zip Code **32257**

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.

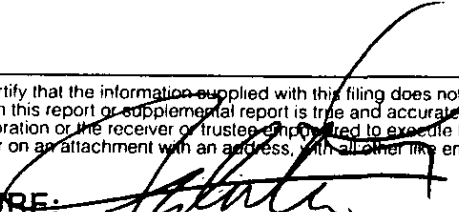
SIGNATURE:  DATE: **4/24/00**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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	P <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSTIE, RENE JR	NAME	Rene Dostie Jr.
STREET ADDRESS	1110 ARCARO CT	STREET ADDRESS	9301 Old Kings Rd.
CITY-ST-ZIP	JACKSONVILLE FL 32226	CITY-ST-ZIP	Jacksonville FL 32257
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE: **4/24/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Phone No.
Rene Dostie Jr. **904-268-0511**

AMOUNT OF DEPOSIT (Do NOT type, please print.)

DOLLARS CENTS

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/
DATE STAMP

EIN 59-3573698 170412

IRS USE ONLY

RENE DOSTIE COMPANY
1110 ARCARO CT E
JACKSONVILLE FL 32218-1758 32257

9301 OLD KINGS RD

Darken only one TYPE OF TAX		and	Darken only one TAX PERIOD
<input type="checkbox"/> 941	<input type="checkbox"/> 945		<input type="checkbox"/> 1st Quarter
<input type="checkbox"/> 990-C	<input type="checkbox"/> 1120		<input type="checkbox"/> 2nd Quarter
<input type="checkbox"/> 943	<input type="checkbox"/> 990-T		<input type="checkbox"/> 3rd Quarter
<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF		<input type="checkbox"/> 4th Quarter
<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042		
<input type="checkbox"/> 940			

62

FOR BANK USE IN MICR ENCODING

07 2 Telephone number ()

Federal Tax Deposit Coupon
Form 8109 (Rev. 10-96)

THE RENE DOSTIE COMPANY

10874 HAMILTON DOWNS COURT - JACKSONVILLE, FL 32257
TELEPHONE (904) 268-5011 FAX: (904) 268-7365

July 17, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed a completed a 2000 Uniform Business Report (UBR) for the Rene Dostie Company. On April 24 of 2000, I completed this form and mailed in the appropriate fee on the same date with check number 6886. Upon receiving this second notice, I contacted your office at 850-487-6059 and verified that in fact the previous form had been processed and the payments applied towards the necessary fees. I was told at that time that in fact it had been and would I please complete this second notice and be certain to include my FEI number. You will also find enclosed a copy of my deposit coupon, which indicates the FEI number. If any additional information is required, would you please contact me at my mailing address which is:

10874 Hamilton Downs Court
Jacksonville, FL 32257

Sincerely,


Rene Dostie, Jr.