2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2000 8:00 am DOCUMENT # P98000097400 1. Entity Name **Secretary of State** JUNQUE & NECESSITIES, INC. 03-02-2000 90183 012 ***150.00 Mailing Address Principal Place of Business 708 JONES AVE 708 JONES AVE HAINES CIT FL 33844-4342 HAINES CIT FL 33844 2. Principal Place of Business 3. Mailing Address 108 JONES :Mr: Douglas R: Myers Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5490 Lk. Harchineha Rd. Haines City, FL 33844 ity & State ACNES Cit Applied For 4. FEI Number 59-3544420 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3844-434 0 L/C Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MYERS, DOUGLAS Stree Mr. Douglas R. Myers 140 GLEN ESTE BLVD 5490 Lk. Harchineha Rd. HAINES CITY FL 33844 Haines City, FL 33844 Zip Code 33844-9618 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 OUGLAS R. MYERS FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Mr. Douglas R. Myers TITLE MYERS, DOUGLAS NAME NAME 5490 Lk. Harchineha Rd. STREET ADDRESS STREET ADDRESS 140 GLEN ESTE BLVD Haines City, FL 33844 - 96/8 CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 SUCRETATY ☐ Addition Change Change TITLE 📆 Delete NANCY MYERS MYERS, NANCY SECRET AL NAME NAME 5490 Lake Hatchineha Rd. STREET ADDRESS 140 GLEN ESTE BLVD STREET ADDRESS Haines City FL 33844 - 96/8 CITY-ST-ZIP-CITY-ST-ZIP HAINES CITY FL 33844 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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

D TYPED OR PRINTED NAME OF