

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90002 032 ***150.00

DOCUMENT # P98000100377
1. Entity Name
JIM KIRKLAND TATTOOING INC

DO NOT WRITE IN THIS SPACE

54024319

2. Principal Place of Business 1435 S 6TH ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State MACCLENNY, FL		City & State	
Zip 32063	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name JAMES C KIRKLAND	
Street Address (P.O. Box Number is Not Acceptable) 4740 DOGWOOD STREET	
City MACCLENNY	Zip Code FL 32063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAMES C KIRKLAND 4740 DOGWOOD STREET MACCLENNY, FL 32063
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  JAMES C KIRKLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/4
904 653-1777
Daytime Phone #