

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0042917 AV

DOCUMENT # P98000100448

1. Entity Name

FLORIDA BUSINESS INFORMATION, INC.

02-24-2002 90334 021 ***150.00

Principal Place of Business

**3380 CAPITAL CIRCLE NE, SUITE E
TALLAHASSEE FL 32308**

Mailing Address

**3380 CAPITAL CIRCLE NE, SUITE E
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1189 N. Gadsden St.

Suite, Apt. #, etc.

1189 N. Gadsden St

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

US

Zip

32303

Country

US

4. FEI Number

59-3558100

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**~~WACKSMAN, JIM~~ James Wacksmann
1189 N. GADSDEN ST
TALLAHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. ☐

FILE NOW!!! FEE IS \$150.00

**After May 1, 2002 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 **PSD** ☒ Delete
NAME **WACKSMAN, JAMES B**
STREET ADDRESS **3380 CAPITAL CIRCLE NE, SUITE E**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VTD** ☒ Delete
NAME **HALL, CURRY W**
STREET ADDRESS **3380 CAPITAL CIRCLE NE, SUITE E**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PSD** ☒ Change ☐ Addition
NAME **Wacksmann, James B**
STREET ADDRESS **1189 N. Gadsden St**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **VTD** ☒ Change ☐ Addition
NAME **Hall, Curry W**
STREET ADDRESS **1189 N. Gadsden St**
CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)