

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000108384

1. Entity Name

THE WIRE HOUSE, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90022 023 ***150.00

Principal Place of Business 8730 MATHONIA AVE JACKSONVILLE FL 32211		Mailing Address 8730 MATHONIA AVE JACKSONVILLE FL 32211-5159	
2. Principal Place of Business 8159 ARLINGTON EXPRESSWAY Suite, Apt. #, etc. UNIT # 20		3. Mailing Address P.O. Box 15002 Suite, Apt. #, etc.	
City & State JACKSONVILLE FL Zip 32211 Country U.S.A.		City & State JACKSONVILLE FL Zip 32239 Country U.S.A.	



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3466359 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STARKEY, EVLYN
8730 MATHONIA AVE
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent
Name
EVLYN STARKEY
Street Address (P.O. Box Number is Not Acceptable)
8159 ARLINGTON EXPRESSWAY
UNIT # 20
City JACKSONVILLE FL Zip Code 32211

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 Evllyn Starkey EVLYN STARKEY 1/27/2000
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 VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STARKEY, JACK F		NAME JACK F. STARKEY	
STREET ADDRESS 8730 MATHONIA AVENUE		STREET ADDRESS 8159 ARLINGTON EXPRESSWAY UNIT #20	
CITY-ST-ZIP JACKSONVILLE FL 32211		CITY-ST-ZIP JACKSONVILLE, FL. 32211	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STARKEY, EVLYN		NAME EVLYN STARKEY	
STREET ADDRESS 8730 MATHONIA AVENUE		STREET ADDRESS 8159 ARLINGTON EXPRESSWAY UNIT #20	
CITY-ST-ZIP JACKSONVILLE FL 32211		CITY-ST-ZIP JACKSONVILLE, FL. 32211	
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: Evllyn Starkey EVLYN STARKEY 1/27/2000 904-724-6383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #