

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000044

1. Entity Name

CHECKOUT WHOLESALE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90086 035 ***150.00

Principal Place of Business

Mailing Address

5875 IBIS ROAD
MILTON FL 325835875 IBIS ROAD
MILTON FL 32583-2328

2. Principal Place of Business

5600 Windermere Trace
Suite, Apt. #, etc.

3. Mailing Address

5600 Windermere trace
Suite, Apt. #, etc.

City & State

Pace FL

Zip 32571

Country

U.S.A.

City & State

Pace FL

Zip

32571

Country

U.S.A.

4. FEI Number

59-3556285

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

PEREGRIN, KAREN
5875 IBIS ROAD
MILTON FL 32583

7. Name and Address of New Registered Agent

Name

James Cobb

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

5600 Windermere Trace

City

Pace

FL

Zip Code

32571

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

James Cobb

James Cobb P/M

4-25-00

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.
(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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PEREGRIN, KAREN
STREET ADDRESS 5875 IBIS ROAD
CITY-ST-ZIP MILTON FL 32583TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Karen Cobb ☒ Change ☐ Addition
NAME
STREET ADDRESS 5600 Windermere Trace
CITY-ST-ZIP Pace FL 32571TITLE P/M ☐ Change ☒ Addition
NAME James Cobb
STREET ADDRESS 5600 Windermere Trace
CITY-ST-ZIP Pace FL 32571TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

James Cobb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

850-995-9089

Daytime Phone #

CR2E034 (9/99)