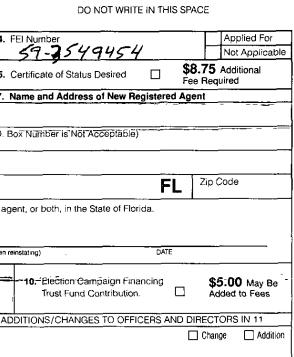
## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9900002160 1. Entity Name DOWNTOWN EMPORIUM OF JACKSONVILLE, INC. Mailing Address Principal Place of Business 7006 ATEANTIC BLVD. 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211 JACKSONVILLE FL 32211-6706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country Zip 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHOURY, EDWARD Street Address (P.O. Box Number is Not Acceptable) 7006 ATLANTIC BLVD. JACKSONVILLE FL 32211 City FL 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. 10.- Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. PRES VP/SEE/TROAM. TITLE ☐ Delete TITLE Edward KHOWRY Pld. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1715 ☐ Delete NAME

## May 15, 2000 8:00 am Secretary of State

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☐ Change ☐ Addition □ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME -NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Lhereby, 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 of the corporation or the receiver or trustee empowered to execute this rechanged, or on an attachment with address, with all other like empower

SIGNATURE: