

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90111 029 ***158.75

DOCUMENT # P99000015497

1. Entity Name
THE ORIGINAL E STORE.COM, INC.

Principal Place of Business

**GRAYLING DR.
 JACKSONVILLE FL 32256**

Mailing Address

**8429 GRAYLING DR.
 JACKSONVILLE FL 32256-8437**

2. Principal Place of Business

**7800 BAYBERRY RD
 Suite, Apt. #, etc.**

3. Mailing Address

**7800 BAYBERRY RD
 Suite, Apt. #, etc.**

City & State

JACKSONVILLE FL

Zip

32256

Country

DUVAL

City & State

JACKSONVILLE FL

Zip

32256

Country

DUVAL

4. FEI Number

59-3558485

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FULLERTON, ROBERT C
 8429 GRAYLING DR.
 JACKSONVILLE FL 32256**

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.
 (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 ☐ Delete
D
 NAME **FULLERTON, ROBERT C**
 STREET ADDRESS **8429 GRAYLING DR.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7800 BAYBERRY RD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **GARY STUTZMAN**
 STREET ADDRESS **7800 BAYBERRY RD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

ROBERT C FULLERTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/00

Date

904-737-8500

Daytime Phone #

CR2E034 (9/99)