

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021589

1. Entity Name

FAX IT, INC.

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

05-15-2000 90153 030 ***150.00

Principal Place of Business

214 HICKORY DRIVE
LONGWOOD FL 32779

Mailing Address

214 HICKORY DRIVE
LONGWOOD FL 32779-2422

2. Principal Place of Business

3. Mailing Address

P.O. Box 917623

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood Florida

4. FEI Number

59-3569871

Applied For

Not Applicable

Zip

Country

Zip

Country

32791

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PURCELL, CHERYL A
538 N. PARRAMORE AVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Mike Morgan

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

214 Hickory Drive

City

Longwood

FL

Zip Code

32779

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

4/27/2000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS MORGAN, SHARON
CITY-ST-ZIP P.O. BOX 917623
LONGWOOD FL 32791

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-00 407-262-1642

CR2E034 (9/99)