

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022223

1. Entity Name

BOX IT, INC.

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90980 030 \*\*\*158.75

Principal Place of Business

824 HIDEAWAY CIRCLE EAST  
APT. 323  
MARCO ISLAND FL 34145

Mailing Address

824 HIDEAWAY CIRCLE EAST  
APT. 323  
MARCO ISLAND FL 34145-1876



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

NAPLES FLORIDA

3. Mailing Address

12700 TAMiami TR E ..

Suite, Apt. #, etc.

#11

Suite, Apt. #, etc.

#11

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3566451

Applied For

☒ Not Applicable

Zip

34113

Country

COLLIER

Zip

34113

Country

COLLIER

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

HANCOCK, DEBORAH J  
824 HIDEAWAY CIRCLE EAST  
APT. 323  
MARCO ISLAND FL 34145

Name

HANCOCK, DEBORAH J.

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

824 HIDEAWAY CIRCLE EAST APT 323

City

MARCO ISLAND.

FL

Zip Code

34145

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, type 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

PRESIDENT  
DEBORAH J. HANCOCK  
824 HIDEAWAY CIRCLE APT 323  
MARCO IS FL 34145

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-00

Date

941 793 5700

Daytime Phone #

CR2E034 (9/99)