2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000022223**

1. Entity Name
BOX IT, INC.

Principal Place of Business	Mailing Address
824 HIDEAWAY CIRCLE EAST	12700 TAMIAMI TR E
11	#11
NAPLES FL	NAPLES FL
34113	34113

2. Principal Place of Business	3. Mailing Address
12700 TAMIAMI TR. E.	
Suite, Apt. #, etc. 11	Suite, Apt. #, etc.
City & State NAPLES FL	City & State
Zip 34113 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3566451** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
HANCOCK DEBORAH J
Street Address (P.O. Box Number is Not Acceptable)
7693 MULBERRY LAN
City NAPLES **FL** Zip Code 34114

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 ______________________ 08/13/2001
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ODENBACH JEANNIE E 7693 MULBERRY LANE NAPLES FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HANCOCK DEBORAH J 824 HIDEAWAY CIRCLE E APT 323 MARCO ISLAND FL 34145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HANCOCK DEBORAH J 7693 MULBERRY LANE NAPLES FL 34114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Deborah Hancock P 08/13/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #