

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-15-2000 90238 016 ***150.00

DOCUMENT # P99000024258

1. Entity Name

FLORIDA BILLING GROUP, INC.

Principal Place of Business

4237 SALISBURY RD., STE. 309
JACKSONVILLE FL 32216

Mailing Address

4237 SALISBURY RD., STE. 309
JACKSONVILLE FL 32216-0908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3564217

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

GANN, DAVID E

4237 SALISBURY RD., STE. 309
JACKSONVILLE FL 32216

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	D	NAME	JOHNSON, DAVID	STREET ADDRESS	11554 DERBY FOREST DR.	CITY-ST-ZIP	JACKSONVILLE FL 32258	☐ Delete
TITLE	D	NAME	GANN, DAVID E	STREET ADDRESS	5073 TRIPLE BUSH DR. N. 1491 Bridgette Way	CITY-ST-ZIP	JACKSONVILLE FL 32257 Green Cove Springs, FL.	☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Delete

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition

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 of David E. Gann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 (904) 298-0353
Date Daytime Phone

CR2E034 (9/99)