

2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90015-030-\$150.00-\$150.00

APPROVED
AND
FILED

pg 1 of 2

DOCUMENT # P99000024333

1. Entity Name
JAXPARK.COM, INC.

P

Principal Place of Business
2423 ROGERO ROAD
JACKSONVILLE FL 32211

Mailing Address
2423 ROGERO ROAD
JACKSONVILLE FL 32211

00 SEP 25 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00010421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3598341

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHOVLIN, THOMAS P
2423 ROGERO ROAD
JACKSONVILLE FL 32211

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D SHOVLIN, THOMAS P 2423 ROGERO ROAD JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
THOMAS P. SHOVLIN

Date

8/31/00

Daytime Phone #

741-9700

CR2E034 (5/00)

pg 2 of Attachment
P99000024338
A0678421

Thomas P. Shouvin

P.O. Box 11163
Jacksonville, FL 32239
(904) 725-5510

September 12, 2000

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

I have enclosed three corporate renewal forms with \$150.00 checks for each. I spoke to your office and explained I never received the May notifications for any of these companies. I was instructed to send a letter of explanation as well as the forms with the checks for processing.

If you have any questions, please call me at (904) 725-5510. Thank you for your help.

Sincerely,



Tom Shouvin