

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046428

1. Entity Name

MIRACLE MAIDS OF OCALA, INC.

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

05-17-2000 90878 030 ***150.00

Principal Place of Business

Mailing Address

352 MARION OAKS DR.
 OCALA FL 34473

352 MARION OAKS DR.
 OCALA FL 34473-2612

AUUBUBBU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1012 E. Silver Spring Blvd
 Suite, Apt. #, etc.
 B-1

1012 E. Silver Spring Blvd
 Suite, Apt. #, etc.
 B-1

City & State

City & State

Ocala FL

Ocala, FL

Zip

Country

34470

Marion

Zip

Country

34470

Marion

4. FEI Number

59-3577585

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

JACOBS, WINSOME F
 352 MARION OAKS DR.
 OCALA FL 34473

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 ☐ Delete
 NAME JACOBS, WINSOME F
 STREET ADDRESS 352 MARION OAKS DR.
 CITY-ST-ZIP OCALA FL 34473

TITLE D/P ☒ Change ☐ Addition
 NAME Jacobs, Winsome F.
 STREET ADDRESS 352 Marion Oaks Dr
 CITY-ST-ZIP Ocala, FL 34473

TITLE D ☒ Delete
 NAME BROWN, EMELINE A
 STREET ADDRESS 12903 N.W. HWY 225
 CITY-ST-ZIP REDDICK FL 32686

TITLE D/T ☐ Change ☒ Addition
 NAME Jacobs, Darrel C.
 STREET ADDRESS 352 Marion Oaks Dr
 CITY-ST-ZIP Ocala, FL 34473

TITLE D ☒ Delete
 NAME DILLON, MYRTLE E
 STREET ADDRESS 12989 N.W. HWY 225
 CITY-ST-ZIP REDDICK FL 32686

TITLE D/S ☐ Change ☒ Addition
 NAME Mincy, Shayna M.
 STREET ADDRESS 1702 NE 71 Street # 11
 CITY-ST-ZIP Ocala, FL 34479

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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: Winsome Jacobs Winsome Jacobs 4/28/00 352)622-7900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #