DOCUMENT # P99000058023

1. Entity Name

$1.00 DEAL OF JACKSONVILLE, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-19-2000 90033 036 ***150.00

Principal Place of Business	Mailing Address
12467 JEREMY'S LANDING DRIVE EAST JACKSONVILLE FL 32256	12467 JEREMY'S LANDING DRIVE EAST JACKSONVILLE FL 32256-4133

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	9838 Old Baymeadows Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #344
City & State	City & State Jacksonville, FL 32256
Zip / Country	Zip 32256 / Country USA

4. FEI Number ~~59-358010~~ 59-3584010 ☐ 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
RAZA, S.M. ASLAM 12467 JEREMY'S LANDING DRIVE EAST JACKSONVILLE FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) 9919 Blakeford Mill Road City Jacksonville FL Zip Code 32256

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P NAME Raza, S.M. Aslam STREET ADDRESS 9919 Blakeford Mill Road CITY-ST-ZIP Jacksonville, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: S.M. Aslam Raza 4/24/00 (904)538-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #