

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058023

1. Entity Name

\$1.00 DEAL OF JACKSONVILLE, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90029 015 ***150.00

974636



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 12467 JEREMY'S LANDING DRIVE EAST JACKSONVILLE FL 32258 | Mailing Address 9638 OLD BAYMEADOWS RD #344 JACKSONVILLE FL 32256 |
|---|---|

| | | | |
|---|---------|---------------------|---------|
| 2. Principal Place of Business 11380 BEACH BLVD | | 3. Mailing Address | |
| Suite, Apt. #, etc. #8 | | Suite, Apt. #, etc. | |
| City & State JACKSONVILLE, FL | | City & State | |
| Zip 32246 | Country | Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3584010 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent - RAZA, S.M. ASLAM 9919 BLAKEFORD MILL ROAD JACKSONVILLE FL 32258 |
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| | |
|--|----------|
| 7. Name and Address of New Registered Agent - | |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> |
|--|

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. <input type="checkbox"/> | \$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 | P RASA, S M ASLAM 9919 BLAKEFORD MILL ROAD JACKSONVILLE FL 32258 <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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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** **4/27/01** **904-538-9213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)