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MARTIN, ADE. B&Y

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90142 031 ***150.00

DOCUMENT # P99000061198

1. Entity Name

Reflections Jewelry, Inc.

Principal Place of Business

Mailing Address

7014 AC Skinner Pkwy
 Suite 290
 Jacksonville, FL 32256

2. Principal Place of Business

416 Main Street

3. Mailing Address

P. O. Box 767

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Village, AR

City & State

Lake Village, AR

4. FEI Number

59-3585700

Applied For

Not Applicable

Zip

71653

Country

US

Zip

71653

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Charles F. Drayton
 7014 AC Skinner Parkway
 Suite 290
 Jacksonville, FL 32256

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

Signature, typed or printed name of registered agent and elect 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

TITLE D/VP ☐ Delete
 NAME Ray, J. Guilford Jr.
 STREET ADDRESS 7014 AC Skinner Pkwy. Ste.290
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE D/VP ☐ Delete
 NAME Francis, James D.
 STREET ADDRESS 7014 AC Skinner Pkwy. Ste.290
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE CFO/S/T ☐ Delete
 NAME Gabree, Brian
 STREET ADDRESS 416 Main Street
 CITY-ST-ZIP Lake Village, AR 71653

TITLE P ☐ Delete
 NAME Vandergriff, Ed
 STREET ADDRESS 7014 AC Skinner Pkwy. Ste.290
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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)(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: Brian M. Gabree

Brian Gabree, CFO

April 27, 2000 870-265-3853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #