

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064749

1. Entity Name

BINARY SHOP, INC.

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

07-17-2000 90015 020 ***550.00

Principal Place of Business

570 SOUTH ELLIS ROAD
SUITE 200
JACKSONVILLE FL 32254

Mailing Address

570 SOUTH ELLIS ROAD
SUITE 200
JACKSONVILLE FL 32254

2. Principal Place of Business

3. Mailing Address

P.O. Box 60847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jacksonville, FL

4. FEI Number

59-3589275

Applied For

Not Applicable

Zip

Country

Zip

Country

32236

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EWER, MARK K
570 SOUTH ELLIS ROAD
SUITE 200
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name

Arnold H. Slott

Street Address (P.O. Box Number is Not Acceptable)

Slott & Barker

334 East Duval Street

City

Jacksonville

FL

Zip Code
32202

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 Arnold H. Slott

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

TITLE **D** ☒ Delete
NAME **EWER, MARK K**
STREET ADDRESS **5549 GREAT PINE LANE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☒ Delete
NAME **SIZEMORE, STEPHEN R**
STREET ADDRESS **3381 WALL ROAD**
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **D** ☐ Delete
NAME **SWETT, DONALD E**
STREET ADDRESS **946 JORICK COURT WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Delete
NAME **WHITCHER, RICK F**
STREET ADDRESS **6514 OVINGTON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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 **D, P** ☐ Change ☒ Addition
NAME **Charles H. Heugel, II**
STREET ADDRESS **570 S. Ellis Rd., Ste. 200**
CITY-ST-ZIP **Jacksonville, FL 32254**

TITLE **D, VP, S, T** ☐ Change ☒ Addition
NAME **Charles H. Heugel**
STREET ADDRESS **570 S. Ellis Rd., Ste. 200**
CITY-ST-ZIP **Jacksonville, FL 32254**

TITLE **D** ☐ Change ☒ Addition
NAME **Sheree A. Heugel**
STREET ADDRESS **570 S. Ellis Rd., Ste. 200**
CITY-ST-ZIP **Jacksonville, FL 32254**

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles H. Heugel, II (President)

07/11/00

Date

904-695-9545

Daytime Phone #