

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90053 035 ***150.00

DOCUMENT # P99000064749

1. Entity Name

BINARY SHOP, INC.

Principal Place of Business

**570 SOUTH ELLIS ROAD
 SUITE 200
 JACKSONVILLE FL 32254**

Mailing Address

**C/O ARNOLD H. SLOTT
 334 E. DUVAL ST
 JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3589275

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

**SLOTT, ARNOLD
 334 E DUVAL STREET
 JACKSONVILLE FL 32202**

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, 2002 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 PD
 NAME HEUGEL, CHARLES ☐ Delete
 STREET ADDRESS PO BOX 60847
 CITY-ST-ZIP JACKSONVILLE FL 32236

TITLE D, P
 NAME Heugel, Charles II ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DVPS
 NAME HEUGEL, CHARLES ☒ Delete
 STREET ADDRESS PO BOX 60847
 CITY-ST-ZIP JACKSONVILLE FL 32236

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

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

TITLE D, VP, S, T
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE D
 NAME HEUGEL, SHEREE ☒ Delete
 STREET ADDRESS PO BOX 60847
 CITY-ST-ZIP JACKSONVILLE FL 32236

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E034 (9/01)