

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084979

1. Entity Name

THREE IN ONE OF JACKSONVILLE, INC.

Principal Place of Business

900 NORTH STREET
JACKSONVILLE FL 32201

Mailing Address

900 NORTH STREET
JACKSONVILLE FL 32201

6690 Bayside Villa Crescent Dr.
Orlando, FL 32809

2. Principal Place of Business

6690 Bayside Villa Crescent Dr.
Orlando, FL 32809

3. Mailing Address

6690 Bayside Villa Crescent Dr.
Orlando, FL 32809

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

Country

32809

Zip

Country

32809

6. Name and Address of Current Registered Agent

GREGORY, RODNEY G ESQ.
3900 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207

4. FEI Number

59-3628122

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Tahitha M. Cooper

City

Orlando

FL

Zip Code

32809

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

Tahitha Cooper Tahitha Cooper

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-00

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Tahitha Cooper
STREET ADDRESS		STREET ADDRESS	6690 Bayside Villa Crescent Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32809
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Vice President
STREET ADDRESS		STREET ADDRESS	Charles Cooper
CITY-ST-ZIP		CITY-ST-ZIP	6690 Bayside Villa Crescent Dr.
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Tahitha Cooper

Date

Daytime Phone #

4-24-00 (407) 854-0159

CR2E034 (9/99)