## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** DOCUMENT # P99000090348 May 16, 2000 8:00 am Secretary of State MICROJET SERVICES INC. 05-16-2000 90794 018 \*\*\*150.00 Principal Place of Business Mailing Address 15610 STATE RD 62 15610 STATE RD 62 PARRISH FL 34219-9290 PARRISH FL 34219-9290 2. Principal Place of Business 3. Mailing Address 5610 ST. RA 4251 AUSTIN ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0952479 ARASOTA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered: Agent\_ BROWN DUNCAN, DEBRA Box Number is Not Acceptable) 4305 #9TH AVE W **BRADENTON FL 34209** stered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES. (PTD) CHARLES BROWN 15610 ST. RO 62 ☐ Addition **X** Change TITLE TITLE ☐ Delete NAME NAME BROWN, CHARLES L STREET ADDRESS STREET ADDRESS 15610 STATE RD 62 CITY-ST-ZIP CITY-ST-ZIP PARRISH , FL PARRISH FL 34219-9290 VICE PRES. CHESTER BROWT Change Addition ☐ Delete TITLE TITI F BROWN, CHSTER O -NAME NAME 4251 AUSTEN ST. STREET ADDRESS STREET ADDRESS 15610 STATE RD 62 CITY-ST-ZIP CITY-ST-ZIP SARASOTA ; PL PARRISH FL 34219-9290 -- 🗔 Addition Delete TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 suppremental 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 receiper or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the recei changed, or on an attact

CHESTER O. BROWN 04-27-00