

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~3848~~ P99000103350

1. Entity Name

~~XXXXX~~ Dollar Mart of Jacksonville, Inc.

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90006 007 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

~~2. Independent Dr~~

3. Mailing Address

9009 Western Lake Dr.

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

Unit No. 1605

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

267-08-075

Applied For

Not Applicable

Zip

32202

Country

USA

Zip

32256

Country

USA

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

Name

Aza Lee Green

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

~~1110 Kingsley Ave.~~

Suite 106

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

~~Aza Lee Green~~

Aza Lee Green

(NOTE: Registered Agent's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
GREEN, AZA LEE  
9009 WESTERN LAKE DRIVE UNIT #1605  
JACKSONVILLE FL

☐ Delete

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

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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:

~~Aza Lee Green~~

Date

Printed Name