2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000111397** 1. Entity Name FII FD TODAYS HOME BUYERS INC. Jul 27 2000 8:00 am Mailing Address Secretary of State Principal Place of Business 13703 RICHMOND PARK DR. N., #2904 13703 RICHMOND PARK DR. N., #2904 JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 2. Principal Place of Business 3. Mailing Address 13703 RICHMOND PARK DR. N. 13703 RICHMOND PARK DR. N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #290U # 2904 City & State Applied For City & State 4. FEI Number 69-363177 JACKSONVILLE JACKSONVILLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32224 usa 32224 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEU JASON NEU **NEIL, JASON G** Street Address (P.O. Box Number is Not Acceptable) -13703 RICHMOND PARK DR. N., #2904 JACKSONVILLE FL 32224 SAME City Zip Code ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE 9. This corporation is engible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. VICE PRESIDENT ☐ Change Addition TASON -OWNER Delete TITE F TITLE NAME NAME CROLLEY JASON NOU ALISTA 18703 RICHMOND PARE DR. N. 612904 13703 RICHMOND PARK De N. # 2901 STREET ADDRESS STREET ADDRESS CITY - ST-7/P JACKSONVILLE PL 32224 CITY-ST-ZIP -08/08/00--00**666**1-**-0**0666 ☐ Defete TITLE TITLE ****150.00 ****150.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE - -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Oelete 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 suppliemental 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 or attachment with an address, with all other like empowered. ASON SIGNATURE: