

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90070 011 ***150.00

DOCUMENT # S05427

1. Entity Name
RONNIE'S TOO, INC.

Principal Place of Business
2620 BLANDING BLVD.
SUITE 109
MIDDLEBURG FL 32068
US

Mailing Address
2620 BLANDING BLVD.
SUITE 109
MIDDLEBURG FL 32068
US

00020089



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
~~MIDDLEBURG, FL 32068~~

3. Mailing Address
~~2620 BLANDING BLVD.~~

Suite, Apt. #, etc.
~~Suite 109~~

Suite, Apt. #, etc.

City & State
~~Middleburg, FL~~

City & State

Zip
~~32068~~

Country
~~CLAY~~

Zip

Country

4. FEI Number **NOT APPLICABLE**

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

KING, DAVID, A, ATTORNEY AT LAW
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

Name
SAME

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, 2001 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
PTD HOLLEY, JAMES K.
2168 ACORN MANOR
MIDDLEBURG FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SVD HOLLEY, ROSE B.
2168 ACORN MANOR
MIDDLEBURG FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 as of the date of the corporation or the receiver or trustee empowered to exchange, or on an attachment with an address, with all other

SIGNATURE: James K. Holley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr. James K. Holley
2620 Blanding Blvd.
Middleburg, FL 32068

3-15-01 **(904) 282-1564**
 Date Daytime Phone #

CR2E034 (10/00)