2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 02, 2000 8:00 am Secretary of State **DOCUMENT # \$49915** 1. Entity Name RETURNS PLUS INC. 08-02-2000 90157 048 ***150.00 Principal Place of Business Mailing Address 12932 CALAIS CIRCLE P O BOX 14940 N PALM BCH FL 33408-7940 V407 PALM BEACH GARDENS FL 33410 LIS 3. Mailing Address 112 PEM BROKE 2. Principal Place of Business 112 PEMBROKE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL PALM BEACH GARDENS FL 4. FEI Number Applied For 65-0260735 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3418 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SWINSON JOAN M 12932 CALAIS CIR PALM BEACH GARDENS FL 33410 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE JOAN SWINSON ROBBINS Change TIT! F ☐ Delete SWINSON, JOAN M NAME NAME 112 PEMBROKE DRIVE STREET ADDRESS STREET ADDRESS 12932 CALAIS CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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DIVISION OF CORPORATIONS P.O. Box 6327 Tallahassee, Florida 32314 FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State



1297 33408-094040

PRESORTED
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By Brande Grate Deputy Clerk

549915 (Allachman)

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Joan Swinson Robbins
112 Pembroke Drive
Palm Beach Gardens FL 33418-4611
(561) 373-7342
(561) 622-3065 hm
(561) 622-7273 fax

July 25, 2000

DIVISION OF FORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE FL 32302-1500

re: Change of Address

Dear Sir or Madam:

I got married and moved and did not receive the original "Annual Report." Although I completed a forwarding address change with the post office, apparently they did not forward the first report. A copy of the front page of the report form is enclosed showing the yellow sticker from the post office dated July 11, 2000.

Enclosed please find a check in the amount of \$150 as I was instructed to write this letter after a telephone conversation with one of your staff. Please accept my explanation as the filing fee of \$550 is unusually severe for not having changed my address.

If you have any questions, please contact me at any of the telephone numbers listed above.

Sincerely, Joan Swinson Robbins

Joan Swinson Robbins