

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58727

1. Entity Name

IT'S AMERICA, INC.

Principal Place of Business

Mailing Address

2659 EGRET CT
TALLAHASSEE FL 32312
US

2659 EGRET CT
TALLAHASSEE FL 32312-3241
US

2. Principal Place of Business

2659 EGRET COURT

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

FLORIDA

Zip

32312

Country

USA

Zip

32312

Country

USA

4. FEI Number

59-2236655

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

MINER, JUDY S.
2659 EGRET COURT
TALLAHASSEE FL 32312

Name

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

Judy Miner
Signature, typed or printed name of registered agent and title if applicable.

JUDY MINER

(NOTE: Registered Agent signature required when reinstating)

March 16-00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINER, JUDY S. 2459 EGRET CT TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Miner
JUDY MINER

Date

Mar 16-00

Daytime Phone #

386-3669

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90144 007 ***150.00

LUU40794



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)