

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28503

1. Entity Name

THRIFT CENTER, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90075 031 ***150.00

Principal Place of Business

Mailing Address

7001 MERRILL RD
 SUITE 40
 JACKSONVILLE FL 32277

3752 BLANDING BLVD
 JACKSONVILLE FL 32210-5243
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2004076**

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

SHAW, ROB
 11415 MOTOR YACHT CIR S.
 JACKSONVILLE FL 32225

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

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	SHAW, SHERI	
STREET ADDRESS	7001-40 MERRILL RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEFEROS, JACQUELINE	
STREET ADDRESS	24202 N. 86TH ST.	
CITY-ST-ZIP	SCOTTSDALE AZ 85255	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SHAW, ROB	
STREET ADDRESS	7001-40 MERRILL RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHAW, ROB	
STREET ADDRESS	7001-40 MERRILL RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ROB SHAW, VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3752 BLANDING BLVD	
STREET ADDRESS	JACKSONVILLE FL 32210	
CITY-ST-ZIP		
TITLE	ROB SHAW PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3752 BLANDING BLVD	
STREET ADDRESS	JACKSONVILLE FL 32210	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)