

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70950

1. Entity Name

S. MCINTOSH, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90396 018 \*\*\*150.00

Principal Place of Business

Mailing Address

8144 HARE AVE  
 JACKSONVILLE FL 32211

8144 HARE AVE  
 JACKSONVILLE FL 32211-9640

2. Principal Place of Business

8126 Hare Avenue

3. Mailing Address

8126 HARE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3145752

Applied For

Not Applicable

Zip

Country

32211-9640

Zip

Country

32211-9640

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

WHITAKER REBECCA A  
 8144 HARE AVE  
 JACKSONVILLE FL 32211

Name

Street Address (P.O. Box Number is Not Acceptable)

8126 HARE AVENUE

City

JACKSONVILLE

FL

Zip Code

32211-9640

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 ☐ Delete  
 NAME PTSD  
 STREET ADDRESS WHITAKER, REBECCA A  
 CITY-ST-ZIP 8144 HARE AVE  
 JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Rebecca A. Whitaker*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca A. Whitaker, President

04-24-2000

Date

904-724-8185

Daytime Phone #

CR2E034 (9/99)