

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90033 037 ***150.00

DOCUMENT # P93000054940

1. Entity Name

\$1.00 DEAL OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

6733 103RD STREET
 SUITE #6
 JACKSONVILLE FL 32210

6733 103RD STREET
 SUITE #6
 JACKSONVILLE FL 32210-7135

2. Principal Place of Business

3. Mailing Address

9838 Old Baymeadows Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#344

City & State

City & State
Jacksonville, FL

4. FEI Number

59-3201183

Applied For

Not Applicable

Zip

Country

Zip
32256

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAZA, S.M. ASLAM
12467 JEREMY'S LANDING DRIVE EAST
JACKSONVILLE FL 32258

Name

Street Address (P.O. Box Number is Not Acceptable)
9919 Blakeford Mill Road

City
Jacksonville

FL

Zip Code
32256

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	<input type="checkbox"/> Delete
NAME: D RAZA, S.M. ASLAM	
STREET ADDRESS: 12467 JEREMY'S LANDING DRIVE EAST	
CITY-ST-ZIP: JACKSONVILLE FL 32258	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: 9919 Blakeford Mill Road	
STREET ADDRESS: Jacksonville, FL 32256	
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	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.M. Aslam Raza

Date

5/1/00

Daytime Phone #

(904) 538-9213

CR2E034 (9/99)