

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089562

1. Entity Name

THE 8400 CORPORATION

Principal Place of Business

101 ORANGE ST.  
ST. AUGUSTINE FL 32084

Mailing Address

101 ORANGE ST.  
ST. AUGUSTINE FL 32084

2. Principal Place of Business

~~6400 STATE ROAD 207~~ <sup>MS</sup>

3. Mailing Address

~~P.O. Box 201~~ <sup>MS</sup>

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

~~HASTINGS, FL~~ <sup>MS</sup>

City & State

~~ELKTON, FL 32033~~ <sup>MS</sup>

Zip

Country

Zip

Country

~~32033-0201~~ <sup>MS</sup>

6. Name and Address of Current Registered Agent

SCOTT, ALLEN C.D. II  
101 ORANGE ST.  
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

*Michael L. Smith* <sup>MS</sup>

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, ALLEN C.D. II	
STREET ADDRESS	101 ORANGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

*Michael Lee Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-02-01

Date

904-692-1865

Daytime Phone #

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90084 030 \*\*\*150.00

710971



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)