

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90115 004 ***150.00

DOCUMENT # 560324

1. Entity Name

JEFFERS JEWELRY & GEMS, INC.

Principal Place of Business

2881 CLARK RD..#20
 SARASOTA FL 34231

Mailing Address

2881 CLARK RD..#20
 SARASOTA FL 34231-6297

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 **59-1803585**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

635097



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLIS, STEPHEN F.
1800 SECOND STREET
STE 806
SARASOTA FL 34236

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 _____

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

T Delete
 TITLE NAME **JEFFERS, JACK**
 STREET ADDRESS **2881 CLARK RD.**
 CITY-ST-ZIP **SARASOTA FL**

S Delete
 TITLE NAME **JEFFERS, LOLA L.**
 STREET ADDRESS **2881 CLARK RD.**
 CITY-ST-ZIP **SARASOTA FL**

P Delete
 TITLE NAME **JEFFERS, KEVIN M.**
 STREET ADDRESS **2881 CLARK RD.**
 CITY-ST-ZIP **SARASOTA FL**

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE 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: *Jack Jeffers* **JACK JEFFERS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
 Date

941 9228361
 Daytime Phone #

CR2E034 (9/99)