

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90010 036 ***150.00

DOCUMENT # P97000005461

1. Entity Name

FORJAYS OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

**4244 SE COMMERCE AVE
 STUART FL 34997**

**4244 SE COMMERCE AVE
 STUART FL 34997-5910**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2201 SE Indian Street

3. Mailing Address

2201 SE Indian Street

Suite, Apt. #, etc.

H-17

Suite, Apt. #, etc.

H-17

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

59-3429462

Applied For

Not Applicable

Zip

34997

Country

USA

Zip

34997

Country

USA

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

**HOWARD, JAQUELYN
 4244 SE COMMERCE AVE
 STUART FL 34997**

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: *Jaquelyn Howard* *Jaquelyn Howard* *5/26/00*
(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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HOWARD, JOEL	5807 SE AVALON DR	STUART FL 34997	<input type="checkbox"/>
VTS	HOWARD, JAQUELYN	5807 SE AVALON DR	STUART FL 34997	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE: *Jaquelyn Howard* *Jaquelyn Howard* *5/26/00* *501-288-4222*
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)

CF 21 034 (1/1/99)