

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 266799

1. Entity Name

JERSEY JIM TOWERS TV & AIR CONDITIONING, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90003 048 \*\*\*158.75

00019553



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

17722 US HIGHWAY 19 NO.  
CLEARWATER FL 33764  
US

17722 US HIGHWAY 19 NO.  
CLEARWATER FL 33764-6515  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1099856

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TOWERS, JAMES SR  
17722 US HWY 19 NO  
CLEARWATER FL 33764

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME TOWERS, JAMES SR.  
STREET ADDRESS 1701 ARABIAN LANE  
CITY-ST-ZIP PALM HARBOR FL ☐ Delete

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

TITLE VS  
NAME TOWERS, JAMES JR  
STREET ADDRESS 3280 CO RD 102  
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
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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:

*JAMES TOWERS, SR.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES TOWERS, SR.

FEB. 2, 2000

Date

(727) 536-2232

Daytime Phone #

COBEN24 (0/00)