

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000067608**

1. Entity Name

**5 JAX ENTERPRISES, INC.****FILED****Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90105 014 \*\*\*150.00

Principal Place of Business

Mailing Address

**210-A BLANDING BLVD.  
ORANGE PARK FL 32073****210-A BLANDING BLVD.  
ORANGE PARK FL 32073-3339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3270490**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SHEAR, ROBERT L  
2600 MCCORMICK DRIVE  
SUITE 230  
CLEARWATER FL 34619**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP									
	MULLANE, MATTHEW	9439 SAN JOSE BLVD.	JACKSONVILLE FL 32257							
	DV									
	SMITH, CHRISTOPHER	7223 S.R. 52, SUITE 1	HUDSON FL 34667							
	DST								<input checked="" type="checkbox"/>	<input type="checkbox"/>
	GERMAIN, GERALD	2677 TRAMORE PLACE	ORANGE PARK FL 32065				1703 Pelican Place	Middleburg, FL 32068		

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: *Gerald V. Germain*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/00**

Date

Daytime Phone #

CR2E034 (9/99)