

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90114 006 ***150.00

DOCUMENT # P96000048652



1. Entity Name
JENI DISCOUNT BEVERAGE STORE, INC.

Principal Place of Business
**JENI DISCOUNT BEVERAGE
3561 EMERSON STREET
JACKSONVILLE FL 32207
US**

Mailing Address
**3593 EMERSON STREET
JACKSONVILLE FL 32207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

59-3393467

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

**CHANDIRASEGAR, PATRICIA
2659 CLEAR CIRCLE N.
JACKSONVILLE FL 32207**

**8511 HAMPTON
LANDING DRIVE
JACKSONVILLE
FL-32256**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	CHANDIRASEGAR, PATRICIA	2659 CLEAR CIRCLE NORTH	JACKSONVILLE FL 32207	<input type="checkbox"/>
		8511 HAMPTON LANDING DRIVE	JACKSONVILLE FL 32256	<input type="checkbox"/>
VP	CHANDIRASEGAR, S.	2659 CLEAR CIRCLE N.	JACKSONVILLE FL 32207	<input type="checkbox"/>
		8511 HAMPTON LANDING DRIVE	32256	<input type="checkbox"/>
S	CHANDIRASEGAR, DOUGLAS	2659 CLEAR CIRCLE NORTH	JACKSONVILLE FL 32207	<input type="checkbox"/>
		8511 HAMPTON LANDING DR.	32256	<input type="checkbox"/>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-2-03 904-391-0096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)