UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 an
Secretary of State
02-16-2000 90002 001 ***150.00

CUMENT # 132438

Name

...JRNE INDUSTRIES, INC.

Place of Business	Mailing Address
AVE BEACH FL 33409-4957	3611 WESTGATE AVE WEST PALM BEACH FL 33409-4957

D0015090

DO NOT WRITE IN THIS SPACE

ipal Place of Business	3. Mailing Address		
, Apt. #, etc.	Suite, Apt. #, etc.		
& State	City & State	4. FEI Number 59-0285881	Applied For / Not Applicable
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
HURD, JAMES M. 3611 WESTGATE AVE WEST PALM BEACH FL 33409-4957	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

corporation is eligible to satisfy its intangible filing requirement and elects to do so. 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DT HURD, JAMES M. 3611 WESTGATE AVE WEST PALM BEACH FL 33409-4957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
SDVP STANFIELD, JAMES G. 3611 WESTGATE AVE WEST PALM BEACH FL 33409-4957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TP HURD, JAMES M. 3611 WESTGATE AVE WEST PALM BEACH FL 33409-4957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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 ated 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 he 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 ...ged, or on an attachment with an address, with all other like empowered.

NATURE: _____ 1/5/2000 5616848400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #