

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 201663

1. Entity Name

JOINER VAN AND STORAGE OF COCOA, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90234 004 \*\*\*550.00

Principal Place of Business

1822 ESPANOLA DR  
 ORLANDO FL 32804  
 US

Mailing Address

1822-ESPANOLA DR  
 ORLANDO FL 32804  
 US

2. Principal Place of Business

249 HAZELTINE DR  
 Suite, Apt. #, etc.

3. Mailing Address

249 HAZELTINE DR.  
 Suite, Apt. #, etc.

City & State

DE BARY, FL

City & State

DE BARY, FL

4. FEI Number

59-0829290

Applied For

Not Applicable

Zip

32713

Country

U.S.A.

Zip

32713

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DENTON, JACQUELINE J.  
 1822 ESPANOLA DR  
 ORLANDO FL 32804

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE PCD ☐ Delete  
 NAME DENTON, JACQUELINE J  
 STREET ADDRESS 1822 ESPANOLA DR. 249 HAZELTINE DR  
 CITY-ST-ZIP ORLANDO FL 32804 DE BARY, FL 32713

TITLE SD ☐ Delete  
 NAME DENTON, J ROBERT  
 STREET ADDRESS 1822 ESPANOLA DR. 249 HAZELTINE DR.  
 CITY-ST-ZIP ORLANDO FL 32804 DE BARY, FL 32713

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-00

828-883-4247

Date

Daytime Phone #