

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 225910

1. Entity Name

J & P PROPERTIES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90122 040 ***150.00

Principal Place of Business

1350 SHEELER RD
PO BOX 1146
APOPKA FL 32703

Mailing Address

1350 SHEELER RD
PO BOX 1146
APOPKA FL 32703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-6076643

Applied For
Not Applicable

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

BROWN,JOHN E
10300 CHARLES E. LIMPUS ROAD
WINDERMERE FL 32786

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's 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, 2001 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-STATE-ZIP	P BROWN,JOHN E 10300 CHARLES LIMPUS RD. WINDERMERE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T BROWN,PHYLLIS J 10300 CHARLES LIMPUS RD. WINDERMERE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V BROWN, JOHN P. 10300 CHARLES LIMPUS RD WINDERMERE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S ROCHE, LINDA LEE 10300 CHARLES LIMPUS RD. WINDERMERE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V WOOD, PETER 1350 SHEELER RD APOPKA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Brown, John E 1350 Sheeler Rd Apopka, FL 32703	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/T Roche, Linda L. 1350 Sheeler Rd Apopka, FL 32703	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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

4/26/01 407-886-3003
Date Daytime Phone #

CR2E034 (10/00)