

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 259036

1. Entity Name

JETSON T.V. & APPLIANCE CENTERS, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90103 020 ***150.00

Principal Place of Business

Mailing Address

JETSON APPLIANCE CENTER
4145 S. FEDERAL HWY.
FT. PIERCE FL 34982-6901

JETSON APPLIANCE CENTER
4145 S. FEDERAL HWY.
FT. PIERCE FL 34982-6901

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 **59-1508381**

Applied For

Not Applied For

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

JETSON, JOHN T.
4145 S. FEDERAL HIGHWAY
FT. PIERCE FL 34982

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 registering)

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JETSON, JOHN T.
200 RIVERWAY DRIVE
VERO BEACH FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
S
CASE, MARY
1038 TORTUGAS AVE.
FT PIERCE, FL 00000

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
T
FLYNN, BETTY A.
334 ASHLEY ST.
FT. PIERCE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
V
NOWACK, DENNIS
4145 S US HWY 1
FT PIERCE FL

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 ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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TITLE ☐ Change ☐ Add

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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)(f), 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:

Betty A. Flynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 (561) 464-705