

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

0140860 AV

DOCUMENT # 267200

1. Entity Name
DAVID JENKINS ASSOCIATES, INC.

02-12-2002 90057 002 ***150.00

Principal Place of Business

1325 E 10TH AVENUE
HIALEAH FL 33010
US

Mailing Address

1325 E 10TH AVENUE
HIALEAH FL 33010
US



2. Principal Place of Business

9500 NW 77 One
Suite 22
HIALEAH GARDENS FL

3. Mailing Address

SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH GARDENS FL

City & State

FL

4. FEI Number

59-1000683

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEVILLE, ARTHUR T.
1325 E 10TH AVE
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9500 NW 77 One Suite 22

City

HIALEAH

FL

Zip Code

33016

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

Thomas B. Chamberlain

Jan 17 01

(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 \$150.00
After May 1, 2002 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	SD	<input type="checkbox"/> Delete
NAME	NEVILLE, ARTHUR M.	
STREET ADDRESS	1325 E 10TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	NEVILLE, ARTHUR T	
STREET ADDRESS	1325 E 10TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VM	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, THOMAS R	
STREET ADDRESS	1325 E 10 AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9500 NW 77 One Suite 22
CITY-ST-ZIP	HIALEAH GARDENS FL 33016
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	9500 NW 77 One Suite 22
CITY-ST-ZIP	HIALEAH GARDENS FL 33016
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas B. Chamberlain

Jan 17 02 305 887-1577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)