

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90025 024 ***150.00

DOCUMENT # 411164

1. Entity Name

THOMAS E. JENKINS AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

124 ETHERIDGE ST
BONIFAY FL 32425
US

124 ETHERIDGE ST
BONIFAY FL 32425-2352
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32425

Holmes

4. FEI Number

59-1411576

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

JENKINS, THOMAS E
124 ETHERIDGE ST
BONIFAY FL 32425

Name

Thomas E Jenkins

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

123 Waukesha St

City

Bonifay

FL

Zip Code

32425

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 E Jenkins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
JENKINS, THOMAS E SR
STREET ADDRESS
124 ETHERIDGE ST
CITY-ST-ZIP
BONIFAY FL 32425

TITLE NAME
None
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
JENKINS, THOMAS E JR
STREET ADDRESS
124 ETHERIDGE ST
CITY-ST-ZIP
BONIFAY FL 32425

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
JENKINS, VONZIE B
STREET ADDRESS
124 ETHERIDGE ST
CITY-ST-ZIP
BONIFAY FL 32425

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE 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 duly empowered.

SIGNATURE:

Thomas E Jenkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2000 888 547 4431