

2000 UNIFORM BUSINESS REPORT (UBR)

0.9 **10F2**

DOCUMENT # 434419

1. Entity Name

AREY, J.R. CORPORATION

Principal Place of Business

**18045 WAYNE RD
ODESSA FL 33556**

Mailing Address

**18045 WAYNE RD
ODESSA FL 33556**

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

59-1486136

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

**AREY, J.R.
18045 WAYNE RD
ODESSA FL 33556**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **AREY, JERRY R**
STREET ADDRESS **18045 WAYNE RD**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE **STD** ☐ Delete
NAME **AREY, PAULETTE**
STREET ADDRESS **18045 WAYNE RD**
CITY-ST-ZIP **ODESSA FL 33556**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED **J.R. Arey Pres.**

Date

Daytime Phone #

**8/7/00 813
920-4766**

CR2E034 (5/00)

J. R. Arey Corporation

2062

General Contractor And Developers

18045 WAYNE RD.
ODESSA, FL 33556
813/920-4766

8/7/00

Division of Corporations: Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

In January we submitted the Corporate Annual Report along with the \$150. fee. It was just brought up to my attention yesterday by the corporate CPA, we had received a second notice of payment. Recalling this had been paid we immediately phoned you and were informed you did have the \$150. payment but did not have the report. Today we spoke with a gentleman named Tyrone and he also stated the \$150. had been paid but you do not have the Annual Report so to rectify the problem to please write a letter stating the problem and to resubmit the Corporate Annual report. Enclosed you will find the most recent report along with a copy of the first report submitted and a copy of the canceled check.

Thank you. If any questions, please call above number.

Sincerely,


J. R. Arey Corp.