

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90295 050 ***158.75

DOCUMENT # 464127

1. Entity Name

JENCO FOODS, INC.

Principal Place of Business

Mailing Address

**1600 S. STATE RD. #7
 FT. LAUDERDALE FL 33317**

**1600 S. STATE RD. #7
 FT. LAUDERDALE FL 33317**

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

59-1576550

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

655729



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIGGS, CHRISTOPHER N
 2825 SW 117TH AVENUE
 DAVIE FL 33330**

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 \$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 **PST** ☐ Delete
 NAME **BIGGS, CHRISTOPHER N.**
 STREET ADDRESS **2825 S.W. 117TH AVE**
 CITY-ST-ZIP **DAVIE FL**

TITLE **PT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BEVERLY. F. BIGGS**
 STREET ADDRESS **2825 S.W. 117TH AVE.**
 CITY-ST-ZIP **DAVIE FL**

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

TITLE **D** ☐ Delete
 NAME **CHRISTOPHER, BIGGS F.**
 STREET ADDRESS **2825 S.W. 117TH AVE.**
 CITY-ST-ZIP **DAVIE FL**

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

TITLE **S** ☐ Delete
 NAME **HANSEN, SUE ANN (ASST.)**
 STREET ADDRESS **1050 SW 52 AVE**
 CITY-ST-ZIP **PLANTATION FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **STEVENS, JEFFERY**
 STREET ADDRESS **1151 SCARBOROUGH AVE**
 CITY-ST-ZIP **DAVIE FL**

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

TITLE **D** ☐ Delete
 NAME **COURTNEY, J. BIGGS**
 STREET ADDRESS **2825 SW 117TH AVENUE**
 CITY-ST-ZIP **DAVIE FL**

TITLE ☐ Change ☐ 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00

954-584-3376

CR2E034 (9/99)