

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000974**

1. Entity Name
JAXFOX TRADING LTD

FILED

00 MAR 10 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 2571
LAKELAND FL 33806

Mailing Address
P.O. BOX 2571
LAKELAND FL 33806-2571



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3577874

Applied For

Not Applicable

Zip

Country

Polk

Zip

Country

Polk

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

LEE, DANNY
3105 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33803

Name

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

000003135700--7

-02/15/00--01074--007

*****207.75 *****155.25

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. Capital Contributions
as Shown on record.

\$16,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

17,050.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

LEE, DANNY
P.O. BOX 2571
LAKELAND FL 33806

STREET ADDRESS

CITY - ST - ZIP

FF 208.10

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

200003171132--6

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

-03/15/00--01008--007

*****52.05 *****52.85

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

dec

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

28 JAN '00 863-646878

Date

Daytime Phone #

CR2E003 (9/99)