

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F16359

1. Entity Name

JEAN WESCOURT ADVERTISING, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90147 004 ***150.00

Principal Place of Business

Mailing Address

% JEAN WESCOURT ADVERTISING
2506 PONCE DELEON BLVD
CORAL GABLES FL 33134

% JEAN WESCOURT ADVERTISING
2506 PONCE DELEON BLVD
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

1960 N.W. 187TH TERR

1960 N.W. 187TH TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OPALOCKA FL

City & State

OPALOCKA FL

4. FEI Number

59-2086827

Applied For

Not Applicable

Zip

Country

33056

USA

Zip

Country

FL 33056

USA

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

WESCOURT, JEAN
1960 N W 187TH TERR
OPALOCKA FL 33056

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDS
WESCOURT, JEAN
1960 N W 187 TERRACE
OPA-LOCKA, FL 00000 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WESCOURT-YOUNG, BARBARA
5341 N.W. 32 COURT
MARGATE FL ☐ Delete

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN WESCOURT

Date

4/7/00

Daytime Phone #

305-628-4663

CR2E034 (9/99)