

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90078 032 ***150.00

DOCUMENT # F81630

1. Entity Name

JA-LOR FOOD & MERCHANDISE BROKERS, INC.

Principal Place of Business

% JAMES H. BLEAKLEY JR.
2908 W. NORTH STREET
TAMPA FL 33614

Mailing Address

% JAMES H. BLEAKLEY JR.
2908 W. NORTH STREET
TAMPA FL 33614



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-2921584**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

BLEAKLEY, JAMES H., JR.
2908 W. NORTH ST
TAMPA FL 33614

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, 2002 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

TITLE ☐ Delete

PD
BLEAKLEY, JAMES H., JR.
2908 W. NORTH ST
TAMPA FL

TITLE ☐ Delete

STD
BLEAKLEY, BILLIE SUE
2908 W. NORTH ST
TAMPA FL

TITLE ☐ Delete

D
BLEAKLEY, JAMES H., III
2908 W. NORTH ST
TAMPA FL

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

James H. Bleakley Jr. *James H. Bleakley Jr.* 1/17/02 813/879-5658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)