

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003306

1. Entity Name
JW & CR, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90123 044 ***150.00

Principal Place of Business

Mailing Address

C/O CARL REAGAN
8418 TALLMADE ROAD
RAVENNA OH 44266

C/O CARL REAGAN
8418 TALLMADE ROAD
RAVENNA OH 44266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8418 TALLMADE RD

8418 TALLMADE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RAVENNA OH

City & State

RAVENNA OH

4. FEI Number

34-1711702

Applied For

Not Applicable

Zip

44266

Country

USA

Zip

44266

Country

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

REAGAN, CARL W.
5910 NW 2 AVE
BOCA RATON FL 33487

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

Carl Reagan
Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

x 3.13.01

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, 2001 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 PD ☐ Delete
NAME REAGAN, CARL
STREET ADDRESS 5910 NW 2 AVE
CITY-ST-ZIP BOCA RATON FL 33487

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

TITLE VS ☐ Delete
NAME REAGAN, LORRAINE
STREET ADDRESS 8418 TALLMADGE ROAD
CITY-ST-ZIP RAVENNA OH 44266

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 3.13.01