

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000004520**

1. Entity Name

JORNEE UNLIMITED, INC.**FILED****Jan 19, 2001 8:00 am
Secretary of State**

01-19-2001 90018 032 ***150.00

0243154

Principal Place of Business
**915 MIDDLE RIVER DR
STE 509
FT LAUDERDALE FL 33304
US**

Mailing Address
**915 MIDDLE RIVER DR
STE 509
FT LAUDERDALE FL 33304
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **06-0878137**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BATES, DOUGLAS M ATTY
2701 E. SUNRISE BLVD., SUITE 306
FT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent
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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CPT	SEARS, JOHN A	915 MIDDLE RIVER DRIVE STE 509	FORT LAUDERDALE FL	
V	HOCKERSMITH, JEFFREY L	915 MIDDLE RIVER DRIVE STE 509	FORT LAUDERDALE FL	
S	EASTMAN, BARBARA J	915 MIDDLE RIVER DR STE 509	FT LAUDERDALE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara J Eastman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01
Date

954-563-6272
Daytime Phone #

CR2E034 (10/00)