

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004299

1. Entity Name

JET WORKS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90150 028 ***150.00

Principal Place of Business
13500 BRYNWOOD LANE
FORT MYERS FL 33912
US

Mailing Address
13500 BRYNWOOD LANE
FORT MYERS FL 33912-1601
US

602923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **73-1456736**
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
EVANS, MARGARET R
13500 BRYNWOOD LANE
FORT MYERS FL 33912

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 _____ (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

TITLE	CST	<input type="checkbox"/> Delete
NAME	ASBUN, ERNESTO R	
STREET ADDRESS	AVENDIA ANICETO ARCE N 781	
CITY-ST-ZIP	COCHABAMBA BO	
TITLE	D	<input type="checkbox"/> Delete
NAME	CENICEROS, TOMAS A	
STREET ADDRESS	AVENIDA RAMON RIVERO 1640	
CITY-ST-ZIP	COCHABAMBA, BOLIVIA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EVANS, MARGARET R	
STREET ADDRESS	13500 BRYNWOOD LANE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, CARL K.	
STREET ADDRESS	13500 BRYNWOOD LANE	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Margaret Evans MARGARET EVANS 1-11-00 941-437-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #