

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G71417

1. Entity Name

JENNER ENTERPRISES, INC.

FILED
Aug 30, 2000 8:00 am
Secretary of State

08-30-2000 90005 032 ***550.00

Principal Place of Business

3857 INDIAN TRAIL
#215
DESTIN FL 32541
US

Mailing Address

3857 INDIAN TRAIL
#215
DESTIN FL 32541
US

2. Principal Place of Business

114 MOUNTAIN DR

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN FL

City & State

DESTIN FL

Zip

32541

Country

OKL.

Zip

32541

Country

OKL.

4. FEI Number

59-2341921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENNER, KATHERINE A.
3857 INDIAN TRAIL
#215
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name KATHERINE A JENNER

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

114 MOUNTAIN DR
City DESTIN FL Zip Code 32541

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 KATHERINE A JENNER KATHERINE A JENNER 8/21/00
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	JENNER, KATHERINE A	
STREET ADDRESS	3857 INDIAN TRAIL #215	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	114 MOUNTAIN DR	
CITY-ST-ZIP	DESTIN FL 32541	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: KATHERINE A JENNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-00 850-837-6595
Date Daytime Phone #

CR2E034 (5/00)