

2000 UNIFORM BUSINESS REPORT (UBR)

6/13/00-90054-018-\$150.00-\$150.00

192

FILED

00 JUL 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # G75047

1. Entity Name

JEM INSURANCE, INC.

Principal Place of Business

Mailing Address

JEANNE M. ERNST
N.E. 2ND AVENUE
BEACH FL 33444

P.O. BOX 1706
DELRAY BEACH FL 33447-1706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

175 NE 4 AVE

City & State

City & State

DELRAY BCH FL

Zip

Country

Zip

Country

33444

FL

4. FEI Number

59-2352583

Applied For

Not Applicable

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

ERNST, JEANNE M.
337 N.E. 2ND AVENUE
DELRAY BEACH FL 33444

175 NE 4 AVE

DELRAY BCH

33444

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 use 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ERNST, JEANNE M. 337 N.E. 2ND AVE. DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	175 NE 4 AVE DELRAY BCH, FL 33444	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE REQUIRED

4-22-00

Date

Daytime Phone #

CR2E034 (9/99)

282

JEM INSURANCE, INC.
175 NE 4th AVENUE
DELRAY BEACH, FLORIDA 33444
561-272-2617

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document #G75047

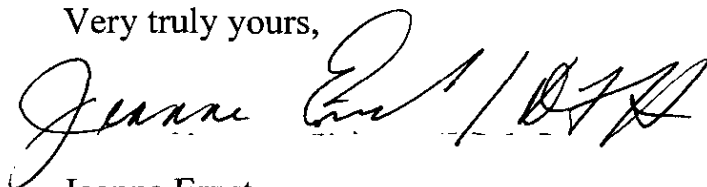
Gentlemen,

We are in receipt of your notice regarding our annual report not being filed.

We ask that you consider waiving the \$400 late fee, as this report was sent out on April 28, 2000. We were in the middle of moving our office from 2nd Avenue to 4th Avenue and wanted to make sure we were in office before sending the report.

Your consideration in this matter will be appreciated.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Jeanne Ernst", followed by a horizontal line.

Jeanne Ernst

Enclosure